DOCUMENT RESUME

ED 480 186 EC 309 781

AUTHOR	Quirk, Constance A.
TITLE	Developmental Therapy-Teaching Model: Outreach for Troubled Children and Teens through a Regional Trainers Network. Final Performance Report.
INSTITUTION	Georgia Univ., Athens.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	2002-12-30
NOTE	120p.; Prepared by the College of Family and Consumer Sciences.
CONTRACT	H324R990008
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	EDRS Price MF01/PC05 Plus Postage.
DESCRIPTORS	Adolescents; *Behavior Disorders; Children; *Developmental Programs; Elementary Secondary Education; *Emotional Disturbances; Inclusive Schools; Information Dissemination; *Inservice Education; Inservice Teacher Education; *Leadership Training; *Teaching Models

ABSTRACT

This final report describes activities and accomplishments of a 3-year federally supported project that provided in-depth outreach to selected states, local agencies and individuals serving children and youth, K-12, with severe social, emotional, or behavioral disabilities in inclusive, general education, special education, or community service agency settings. The project focused on training personnel responsible for day-to-day supervision of program services to implement the Developmental Therapy-Teaching model. Project activities included dissemination of information about emotional and behavioral disabilities and the model; training trainers to independently assist others in model implementation; site development for model replication; implementing the Trainers Network for Ongoing Outreach to expand existing training; and evaluation of project accomplishments. The project worked with 20 sites and 33 leadership individuals. Through dissemination activities, the project reached 6,175 additional individuals in 41 states and 12 foreign countries. It provided inservice training to 2,194 individuals through 105 conferences and workshops. Twenty programs and agencies, 33 leadership personnel, and 285 individuals received in-depth, extended outreach assistance for model implementation. Seventeen leadership participants completed the Training Trainers certification requirements. Evaluation results indicated positive outcomes on measurable performance indicators. Seven appendices provide project documents, a list of workshops and presentations, agendas, and evaluation results. (DB)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 480 186

Developmental Therapy-Teaching Model: Outreach for Troubled Children and Teens through a Regional Trainers Network

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Final Performance Report

Outreach Project for Children with Disabilities
CFDA 84.324R
October 1, 1999 - September 30, 2002
(No cost extension to December 30, 2002)

The University of Georgia
College of Family and Consumer Sciences
Athens, Georgia

EC 309781

BEST COPY AVAILABLE

Table of Contents

EXECUTIVE SUMMARY i
Table 1. Overview of Performance Indicators iv

INTRODUCTION 1

THE INTERVENTION MODEL 1
The Measurement Instruments 2
A Proven Approach 3

HOW THE PROJECT GOALS WERE ACCOMPLISHED 4
Improvements in Practice 6
Services Provided 6
Table 2. Model Implementation/Regional Associate Training Sites 11
Table 3. Summary Characteristics of the 20 Sites Receiving In-depth Staff Training 15
Evaluation of Outreach Project Effectiveness 17
Table 4a. Developmental Therapy-Teaching Programs Certified Regional Associates 19
Table 4b. Developmental Therapy-Teaching Programs Regional Associates Certification in Process 21
Table 5. Average Ratings of Trainer's Field Skills 23
Table 6. Session Leader's Skills for Involving Participants In Active Learning 24
Table 7. Average Ratings of Regional Associate's Training Experience 26
Table 8. Evaluation of Telephone Conferences, Year Three 26
Table 9. Sample of Observation Performance Ratings by Direct Service Achieved at Current Sites 30
Table 10. Direct Service Personnel Questionnaire Totals 32
Descriptive Statistics 34
Table 11. Characteristics of Sample Populations 35
Inferential Statistics 36
Table 12. Overall Analysis of Pre/Post DTORF-R Scores 37
Table 13. Analysis of Pre/Post DTORF-R Scores by Severity 38
Table 14. Analysis of Pre/Post DTORF-R Scores by Program Level 40
Table 15. Analysis of Pre/Post DTORF-R Scores by Primary Disability 41
Table 16. Analyses of Gain Scores by Gender 42
Table 17. Analyses of Gain Scores by Race 43
Overall Summary of Statistical Analyses 44
Table 18. Level of Administrative Support at Participating Sites 45

PROBLEMS ENCOUNTERED AND HOW THEY WERE SOLVED 48
Challenges in the Training Trainers Program and Project Response 49
Challenges in Sites Development for Model Replication and Project Response 50
Challenges in Trainers Network for On-going Outreach and Project Response 51
Challenges in Project Evaluation and Project Response 52

IMPLICATIONS FOR POLICY, PRACTICES, AND RESEARCH 54
Recommendations for the Field 54
Recommendations for Effective Outreach and Technical Assistance 55
Recommendations for Outreach 57

APPENDICES
Appendix A. Developmental Therapy-Teaching Programs Regional Associates Network A-1
Appendix B. Minimum Requirements for a Regional Associate Instructor To Maintain Certification for Instruction in Developmental Therapy-Developmental Teaching B-1
Appendix C. Workshops and Presentations C-1
Appendix D. Focus Agendas for Teleconferences D-1
Appendix E. Summary of Evaluation Data Sources and Performance Standards E-1
Appendix F. DTORF-R Qualitative Control Age - Stage Congruity F-1
Appendix G. Evidence of Extended Training G-1

EXECUTIVE SUMMARY

The Developmental Therapy-Teaching Model:
Outreach for Troubled Children and Teens through a Regional Trainers Network
(CFDA No. 84.324R)
October 1, 1999–September 30, 2002
(no cost extension to December 30, 2002)

This project, *The Developmental Therapy-Teaching Model: Outreach for Troubled Children and Teens through a Regional Trainers Network,* provided in-depth outreach to selected states, local agencies and individuals serving children and youth, K-12, with severe social, emotional, or behavioral disabilities (SEBD) in inclusive, general educational, special educational, or community service agency settings. The project focused on individuals currently responsible for the day-to-day supervision of program services to these students and assisted these individuals to implement the Developmental Therapy-Teaching model within their own programs as well as to provide outreach to others within their regions. The original goals remained unchanged during the three years of the project.

1. Disseminate awareness materials about the needs of children with SEBD, and how model practices can be used to meet these needs.

2. Certify leadership individuals skilled in conducting supervisory/coordination activities to maintain program quality at sites where students with severe SEBD receive services in acquiring greater social-emotional competence and responsible behavior.

3. Increase the skills of direct service professionals in selecting, implementing, and demonstrating exemplary practices based on their increased understanding of the special program needs of these students.

4. Establish a Trainers Network with certified Regional Associates independently providing model outreach with support from the project.

5. Effective outreach project activities.

Project Activities

Project activities focused explicitly around the outreach mission: To assist leadership personnel and practitioners who face the difficult challenges presented by severe social-emotional-behavioral disabilities in effectively implementing proven practices of the Developmental Therapy-Teaching curriculum model. Outreach services included ***dissemination*** of information about emotional and behavioral disabilities and the ways the model addresses these needs (Task 1); ***Training Trainers*** as certified Regional Associates to independently assist others in model implementation (Task 2); ***Site Development for Model Replication*** to train direct service providers and parents for effectively

implementing the model practices (Task 3); ***Trainers Network for On-going Outreach*** to expand existing training, disseminate introductory information about the model and contract with new sites for training/model implementation (Task 4); and **evaluation** of project accomplishments in meeting needs of programs and individuals at each site.

Over the three-year period, the project worked with 20 sites and 33 leadership individuals. Details of each task and its accomplishments are provided in the following sections.

Project Outcomes

At the end of the three-year period, the project exceeded anticipated outcomes for each task. Through dissemination activities, the project reached a documented total of 6,175 individuals in 41 states, and 12 foreign countries seeking information about the model and/or outreach assistance. Through 105 conferences and workshops, 2,194 individuals received inservice training. Twenty programs and agencies, 33 leadership personnel, 285 individuals serving 676 children with special needs, received in-depth, extended outreach assistance for model implementation during the three-year period. At the end of the project, 17 leadership participants had completed the *Training Trainers* certification requirements. **Table 1** provides an overview of these project accomplishments.

Project Effectiveness

Project effectiveness was defined as (a) certified Regional Associates (RAs) with knowledge, skills and training materials, prepared to provide inservice training to others, (b) personnel with demonstrated proficiency in their own service setting for facilitating emotionally healthy development of children with severe social-emotional-behavioral problems, (c) increased social-emotional-behavioral competence of these children during staff training for model replication, (d) Regional Associates independently providing model outreach, and (e) outreach activities and services judged by recipients to be effective in meeting their needs.

At the completion of the three project years, 17 leadership personnel successfully completed all requirements in the five competency areas and received certification as Regional Associates during the project, five continue to work toward certification. Observational ratings of actual performance of a representative sample of direct service providers, 62 teaching teams, at 17 representative sites after initial model implementation, performance feedback, and tutorial assistance, indicated that 46 (74%) teams achieved DT/RITS proficiency scores of *Adequate* or better level by demonstrating basic practices necessary for model implementation. Of these, 33 (53%) teams demonstrated *Effective* or *Highly Effective* skills.

Measures of satisfaction of participants with their training experiences indicate that project activities met their needs, and most respondents indicated considerable gains in understanding and skills. Almost all participants also indicated a need for further training or more time with project instructors on-site. Workshop effectiveness, assessed by participants (including participating parents) received average ratings of 3.51 to 5.0 on a scale of 5 (*Highly satisfied)* to 1 (*Not Satisfied*), indicating a high degree of satisfaction. Similar results were indicated on workshop effectiveness with average ratings of 4.18 to 4.96 when Regional Associates presented independently. Views of teaching team participants about their satisfaction and level of skill development through project experiences, assessed through anonymous questionnaires, item averages indicate levels of satisfaction from *Satisfied* (rating 3.59) to *Highly Satisfied* (rating 4.86). Views of leadership trainees about their satisfaction and the usefulness of their project activities was assessed through questionnaires, focus groups and teleconferences. High levels of satisfaction were indicated by the overall average rating of 4.56 on a scale of 5 (*Highly satisfied)* to 1 (*Not Satisfied*) for evaluation of the training experience. The participants voiced high opinions of their experiences both

professionally and personally.

Measures of social-emotional-behavioral development of a representative group of 279 children at 11 sites during the model implementation period indicate that the group made statistically significant progress in all four curriculum areas–Behavior, Communication, Socialization, and (Pre) Academics–at the $p<.000$ level. These findings indicate that model implementation by the participating teams had a significantly positive effect in promoting increased social-emotional-behavioral development of the children that they served. Additionally inferential analyses for various groupings–severity of disabilities, type of disability, and program level–are also reported. When scores were analyzed for gender and race, the results indicated program effectiveness across these categories.

A measure of overall effectiveness was obtained by interviewing local coordinators and Regional Associates to assess the extent to which participating programs acquired the basic elements for model replication. Of the 11 sites that participated in evaluation of child progress, all were rated at the Basic Implementation level or better, and five achieved the highest *Model Demonstration* level. Leadership individuals in the local programs who have successfully completed the RA trainers training can continue to provide staff support, train new personnel, and document program effectiveness. Additionally, through the Trainers Network, Regional Associates have received funding to provide training to foster parents, childcare providers, new employees in residential settings and public school personnel.

Together, these evaluation results indicate that the overall project mission to improve service for children and youth with severe social-emotional-behavioral disabilities was achieved with distinct and measurable performance indicators. Project goals were effectively accomplished and exceeded anticipated outcomes in the original proposal.

Table 1. Overview of Performance Indicators
Final Performance Report, Oct. 1, 1999 - Dec. 30, 2002

Management Objective	*States Reached*	*Schools/Sites Served*	*Individuals Reached*	*Children Benefitting Directly*	*Other Outcomes*
1. DISSEMINATION	41 States 12 Foreign Countries	NA	>6,175 Individuals	NA	500 Web Contacts 3,500 Newsletters 1,300 Portfolios 2,350 Stages Brochures 2,675 Bookmarks 1,200 Brochures
2. TRAINING TRAINERS			33 Leadership Trainees		17 Leadership trainees; completed new certification program
and	7 States	20 Schools & Agencies		676 Children	6 others in progress
3. SITE DEVELOPMENT FOR MODEL REPLICATION			285 Individuals with extended in-depth training		18 Programs continuing with model components after training 2,194 Workshop & Conference Participants
3. DTT TRAINERS NETWORK FOR ON GOING OUTREACH	Included in Categories 2 & 3	Included in Categories 2 & 3	120 Individuals through RA inservice & teaching (390 Participants included in workshops listed above)	Included in Categories 2 & 3	State grant to 28 childcare workers (WA) College Course content (NY) DTT Training as part of new employee orientation for statewide agency (KY)
4. EVALUATION	NA	Model fidelity measured at 11 replication sites	Sample performance data analyzed for 62 direct service teaching teams (2+ people per team)	Sample performance of 279 children analyzed for social-emotional-behavioral gains	Questionnaires, satisfaction survey from participants, focus group feedback, and teleconferences

BEST COPY AVAILABLE

FINAL PERFORMANCE REPORT

The Developmental Therapy-Teaching Model: Outreach for Troubled Children and Teens through a Regional Trainers Network
(CFDA No. 84.324R)
October 1, 1999–September 30, 2002
(no cost extension to December 30, 2002)

INTRODUCTION

The mission of this outreach project, *The Developmental Therapy-Teaching Model: Outreach for Troubled Children and Teens through a Regional Trainers Network*, was to assist educational and other agencies in implementing Developmental Therapy-Teaching, a proven educational model to improve services for children and youth, K-12, with severe social, emotional, or behavioral disabilities (SEBD) in inclusive, general educational, special educational, or community service agency settings. To achieve this, the project focused on individuals currently responsible for the day-to-day supervision of program services to these students and assisted these individuals to implement the model within their own programs as well as to provide outreach to others within their regions. This assured the project's intent of maintaining outreach assistance beyond the period of the project. In all settings, the program goal remained consistent: *To foster improved social-emotional competence and responsible behavior of students through the successful integration of cognition, emotions, social understanding, and behavioral skills.*

THE INTERVENTION MODEL

The *Developmental Therapy-Teaching* model provides a framework for guiding social-emotional development and responsible behavior in children and teens. It matches a child's current social, emotional, and behavioral status with explicit goals, objectives, behavior management strategies, curriculum materials, activities, and evaluation procedures. It also defines roles for adults to

facilitate a child's development. The model sequentially spans social, emotional, and behavioral development for children and youth from birth to 16 years.

The curriculum has four areas: *Behavior, Communication, Socialization,* and *(Pre) Academics/Cognition*, to address four essential human activities — *doing, saying, caring,* and *thinking*. Within each of these four areas, specific teaching objectives follow developmental sequences for social-emotional competence and responsible behavior. Curriculum activities, management strategies, and adult roles define the ways the model is implemented for preschoolers, school-aged children, and teens.

The Measurement Instruments

Three measurement instruments provide the core evaluation measures. The *Developmental Teaching Objectives Rating Form-Revised* (DTORF-R) is a 171-item assessment instrument used to obtain a profile of a child's social-emotional-behavioral status. It identifies the objectives for social-emotional competence in an Individualized Education Program (IEP), Individualized Family Service Plan (IFSP), or Individual Transition Plan (ITP). The rating process is used also for a functional behavioral assessment, provides a profile of current strengths as well as areas of difficulty, and is used at repeated intervals to evaluate child progress.

The *Developmental Therapy Rating Inventory of Teacher Skills* (DTRITS) has four forms specifying the basic adaptations in practices for model implementation in four large age groups: infant/toddlers, preschool, elementary and middle/high school. The DTRITS includes an observational rating of an adult's current performance skills, serves as a needs assessment for planning inservice training, is the basis for tutorial feedback, can be used as a self-guide for model implementation, and documents acquisition and maintenance of skills over time. DTRITS data also provide measures of replication fidelity at sites attempting model implementation.

An *Administrative Support Checklist* contains 41 basic administrative elements associated with levels of program quality in model replication. Previous studies of model effectiveness have shown that certain minimal levels of administrative support were necessary for successful performance by direct service teams in classroom settings as measured by the DTRITS during a school year.

The evaluation plan uses these three instruments to obtain measures of both qualitative and quantitative assessment of outreach activities and the optimal settings/conditions for achieving the greatest results. These measures of trainees, children, and programs were analyzed for evaluation of outcome effectiveness.

A Proven Approach

Effectiveness of this strength-based model has been validated three times for national replication by the Joint Dissemination Review Panel of the U.S. Office of Education, the National Institute of Education, and the Program Effectiveness Panel of the Office of Innovation and Development. The first validation documented model effectiveness for students with severe emotional disabilities; the second, as a personnel training model for direct service providers to these students. The most recent recognition was received in 1996 validating the use of the model in full inclusion, partial inclusion, and special education programs. In addition to validation as an effective educational model, the model was selected by the American Psychiatric Association in 1993 as one of five programs nationally to receive a Certificate of Significant Achievement *in recognition of an innovative and well-researched program that applies the Developmental Therapy model in the treatment of emotionally disturbed children, resulting in outstanding clinical care and professional development.*

After twenty-five years of development, refinement, and replication, research clearly indicates the effectiveness of the model in meeting the needs of students with SEBD. The approach

includes the following:

1. Developmental Therapy-Teaching focuses on **improving social-emotional competence** and responsible behavior in students with severe social-emotional-behavioral disabilities.
2. The model is used effectively in programs for children and youth from **birth to 16 years**.
3. The model has been successfully applied in **many settings:** typical and inclusive programs in elementary and secondary schools, child care, preschools, kindergartens, children's homes, Head Start programs, specialized services in clinics, special education programs, residential schools, and mental health clinics.
4. There is a **philosophy and theory** that professionals, paraprofessionals, volunteers, case workers, clinicians, and parents participating in co-training find easy to understand and implement.
5. The curriculum is used in conjunction **with other academic and social skills curricula,** expanding options for simultaneously enhancing academic and personal development.
6. The *Developmental Teaching Objectives* are used in the Individualized Educational Program (IEP)for **social-emotional goals and for a Positive Behavioral Intervention Plan.**
7. There is a built-in quality monitoring and **evaluation** system with reliable and valid instruments to document student progress and personnel proficiency.
8. The model advocates **multi-option educational placements**, seeking environments best able to foster a student's social-emotional growth.

HOW THE PROJECT GOALS WERE ACCOMPLISHED

The Developmental Therapy-Teaching Programs is an outreach unit of the College of Family and Consumer Sciences at The University of Georgia, Athens, Georgia. The unit enjoys outstanding administrative support and working relationships with the Office of the Vice President for Services

and Outreach, Dr. Arthur N. Dunning; and in the college with Dean Sharon Nickols. The unit is comfortably housed off-campus due to a critical space shortage at the University, but is able to connect directly to all of the on-campus support systems.

During this grant project time period, the unit received additional grant support for other outreach, training, and service activities from the Georgia Department of Education, U. S. Department of Education Office of Special Education Early Education Programs (CFDA 84.024C) and local public education and community service programs.

Project staffing was consistent during the three grant years. National Instructors Dr. Faye Swindle, Dr. Susan Galis and Rosalie McKenzie served as part-time Senior Training Associates. Diane Wahlers served as Assistant Project Director. Lindy Carbone, as evaluator, coordinated data collection with project sites and data evaluation. The Coordinator for Dissemination, Betty DeLorme and Office Manager, Debbie Huth served part-time throughout the three grant years. In addition to this core staff, the project was able to obtain the services of three highly experienced Developmental Therapy National Instructors as adjunct staff/consultants to assist with in-depth training at selected field sites and national conferences. These were Dr. Bonnie McCarty, Geri Williams, and Sara Williams, a specialist in services to children with Autism Spectrum Disorders. In addition, Dr. William Swan, Dr. Doug Flor and Lise Kalla provided consulting services for evaluation.

The success of the project and subsequently its mission lay with the fit between goals and the agencies needs and commitments. Programs and agencies seeking to improve their services need all available information about resources and options. Keenly aware of this, the project had extensive communications with each potential site during planning phases so that expectations of administrators and direct service providers were matched to the outreach assistance as nearly as possible. This overarching principle guided the activities, while keeping efforts directed to the objectives and outcomes as specified in the original proposal.

Improvements in Practice

The major focus was improvement of practices for those who provide services on a daily basis to students with SEBD. The staff projected to accomplish this by concentrating on ways to assist service providers in actually implementing proven practices effectively. The extent of success in achieving these plans are reflected in the evaluation outcomes – both formative and summative.

The project proposed three recipient groups for outreach services. The needs of field-based leadership individuals seeking training as trainers were a major project priority, addressed in Tasks 2 and 4 – the *Training Trainers Program* and the *Trainers Network for Ongoing Outreach.* The second recipient group included direct service providers and parents at sites which sought to improve or expand services for students with SEBD in grades K-12. This group, addressed in Task 3, *Site Development for Model Replication,* included teachers, administrators, support personnel and parents. Troubled children and teens, whose IEPs indicated a need for increased social-emotional competence and responsible behavior, were the third recipient group for services. Student progress in meeting IEP goals during outreach assistance was an essential standard used in the final evaluation of effectiveness. Activities and accomplishments are reported below, according to project management objectives.

Services Provided

Five specific tasks were accomplished. ***Task 1: Dissemination*** provided information about emotional and behavioral disabilities and the ways the model addresses these needs. It also supported other project activities for implementing the specified practices with practical material about how to adapt the model for each age group and individual student's needs. To effectively communicate with the large audience inquiring about the model, a strong dissemination segment was maintained and far exceeded the objective of providing 1500 concerned individuals with

information.

The overall dissemination goal – to make material about the model easily accessible and useful to recipient groups concerned with improving and expanding services to students with severe social-emotional-behavioral disorders (SEBD) – was ongoing throughout the three project years. Information was distributed via four categories: electronic communications, print materials, instructional aids, and professional presentations. Over the project period, 500 individuals explored this model through our web site www.uga.edu/dttp and appropriate responses were made by email, telephone or shipped materials. Over 3,500 copies of our bi-annual newsletter, *DEVELOPMENTIONS*, were sent to 41 states and a dozen foreign countries. This publication served as a resource of up-to-date news, special features, international applications, training opportunities, conference summaries, and current model practices. Awareness portfolios introduced readers to a range of entry-level information about Developmental Therapy-Teaching model application and resources. Over 1,300 portfolios were distributed in the past three years in response to specific requests, at training seminars, and at national and international conferences. The *Stages* brochure, "A Guide for Helping Troubled and Troubling Children," is included in each portfolio as well as shared singly at conference exhibits, in correspondence, or in person at meetings and networking sessions. Since the inception of this project, 2,350 Stages brochures have been distributed. Further, 2,675 bookmark handouts announced the program and the web site at various conferences. A new basic brochure about Developmental Therapy-Teaching Programs was created in early 2002. Since that time, over 1,200 copies of the colorful, informational product have been disseminated.

Instructional aids such as overhead transparencies, videos, Powerpoint presentations and audio case studies were distributed to certified Regional Associates (RAs) to enable each instructor to work effectively at sites to enhance positive, successful implementation by educators, administrators, parents, and other service providers. Developmental Therapy-Teaching Programs

staff, Regional Associates working toward completion of their certification and certified Regional Associates presented at 105 training workshops and conference sessions during the project period. Over 2,194 participants received our materials at the events. These networking forums with national, regional, state, and local professional and parent groups further enhanced public interest and professional awareness as well as provided the opportunity for project RAs to strengthen their knowledge and skills.

At the heart of the project activities were ***Task 2, Training Trainers***, and ***Task 3, Site Development for Model Replication***. These two tasks received the major portion of resources and staff time because activities involved extended, in-depth training with repeated visits to each participant at each site. Overall, during the three project years, activities to implement the model provided approximately 2,000 hours of direct, on-site or distance consultation and instruction through inservice, observations, seminars, workshops, presentations and tutorials at 20 program sites with 33 leadership personnel in the Training Trainers program and 285 direct service personnel working directly with 676 children with special needs.[1] The numbers participating exclude parents and additional local personnel who attended introductory workshops and staff debriefings, but were not in positions to participate for extended periods of in-depth training; e.g., parents, social workers, program directors/principles, psychologists, general education teachers.

The purpose of Task 2 – to identify, design, and conduct outreach services to specifically meet the needs of individuals with leadership responsibilities for direct service had parallel and interacting activities which involved Task 3 – assisting local service delivery programs in implementing the model to expand and improve services to children and teens with severe social-emotional-behavioral disabilities (SEBD). This entailed assisting direct service providers (teachers,

[1]These numbers reflect the actual participants recorded at sites. Several sites opted out of the data pool; therefore, evaluation results are based on fewer participants and children. These are described in the Evaluation section.

administrators, support personnel) and parents in acquiring the skills to select and implement exemplary practices shown to be effective. Thus, every program accepted for outreach assistance had one to four on-site leadership personnel participating in training to become certified Developmental Therapy-Teaching (DTT) Regional Associates. Appendix C, D, and F of the original proposal provide supportive material describing the basic elements needed for service delivery, criteria for site selections, criteria for leadership personnel acceptance, a sample training agreement, the model's "content map" for inservice training applications and a typical introductory site-training sequence. Planning at each site was unique to the identified needs of the RAs in training and the site direct service personnel. Prior to actual training, needs assessment activities were conducted and a training plan formalized. Each site differed in staff skills, needs, resources, and the students they served; therefore, as needed the implementation sequence was modified during the process.

The experiences for the RAs in training were provided through an array of formats: 1) assigned readings and dialogue, 2) co-training with their project instructor through on-site classroom observations and feedback tutorials with local program personnel, 3) co-presenting with their project instructor at local, national, and international conferences, 4) independent training, 5) independent presentations, 6) satellite workshops, and 7) email and phone consultations. With program and RA needs varying greatly, each trainer-in-training (RA) progressed through individualized sequences until the competencies – knowledge and skills – required for certification were acquired. Regional Associates were prepared to (a) conduct awareness sessions and basic inservice training for implementation of DTT model practices proven effective, (b) guide their program staff through observation and specific feedback in gaining and maintaining high quality performance, and (c) assist new local programs in planning and implementing the DTT model. For cost effectiveness, technology was used whenever possible for mentoring and monitoring. E-mail, online discussion forums and computer-based conferencing provided inexpensive and accessible avenues for

communication between the project and RAs in the field.

Five performance standards and competencies were acquired by the RAs. These were assessed using Developmental Therapy-Teaching Programs performance standards:

- ✓ A knowledge base of developmental theory as it applies to social-emotional-behavioral development of children and youth from birth to age 16.
- ✓ Reliable use of the *Developmental Teaching Objectives and Rating Form (DTORF-R)* as an assessment instrument and ability to interpret the *DTORF-R* results for direct service personnel to assist them in planning and implementing their students' therapeutic educational programs.
- ✓ Reliable use of the Developmental Therapy Rating Inventory of Teacher Skills (*DTRITS*) to assess the performance of direct service personnel as they work directly with students in each of four age groups: below age 2, between ages 2 and 6 years, between ages 6 and 9 years, and ages 10 and above (Separate forms for Stages One – Four).
- ✓ Proficiency in effectively supervising a team of direct service personnel, as rated by the practitioners, using rating procedures for supervisory standards.
- ✓ Proficiency in conveying Developmental Therapy-Teaching concepts to direct service personnel through seminars, lectures, workshops, and conference presentations, using an approved participant evaluation form.

Additionally RAs were encouraged to develop proficiency to assist direct service personnel in establishing and using a system to document student progress annually, using the *DTORF-R*.

Table 2 list the RAs accepted into the DTT Training Trainers project and their agencies, service delivery types and status of model implementation.

Table 2. Model Implementation/Regional Associate Training Sites

	Agency	Service Delivery Type	Regional Associates	Status of Model Implementation
GEORGIA	Ash Street Center, South Metro Psychoeducational Program, Forest Park	Self-contained site/urban/regional	A. C. ** D. M.**	Model Adoption
	Barrow County Schools, Winder	Inclusive, partial and self-contained /multi-site/rural	S.S.* J.D.** P.R.* D.Mc.** S.M.*	Discontinued–Internal reorganization occurred during project period–new special education administration.
	Baxley Center Cedarwood Psychoeducational program, Baxley	Self-contained site/regional	J. M.***	Model Adoption
	Claxton Center Cedarwood Psychoeducational Center, Claxton	Self-contained site/regional	A. J.***	Regional Associate in training took another position in County-site being trained by J.Morris and W. Braddock
	Coastal Academy of Georgia Savannah	Self-contained site/large urban region	L.W.***	Basic Implementation
	Flat Shoals Center, South Metro Psychoeducational Program, Union City	Self-contained/partial inclusion/large urban region	D. B.** H. E.**	Model Adoption

19 BEST COPY AVAILABLE

	Agency	Service Delivery Type	Regional Associates	Status of Model Implementation
	Jesup Center, Cedarwood Psychoeducational Center, Jesup	Special program/ rural/regional	W. B.***	Model Adoption
	Robins Air Force Base School System, Warner Robbins	Inclusive/special classes/urban	A.G.*	Programmatic changes due to administrative changes
IOWA	Northern Trails Area Education Agency, Mason City		G. G.* T. H.*	Site and RA training discontinued–cause unrelated to project
KY	Hopkins County Schools, Madisonville	District-wide classrooms/rural and urban	C. D.* P. F.* W. W.*	Preschool/Kindergarten/Elementary Demonstration
	Presbyterian Child Welfare Agency, Richmond	Multistate/inclusive/ partial/special classes	S. D.* K. H.*	Programs at this site are statewide. Programs vary in degree of implementation. Internal events have closed some programs and repositioned staff. DTT training has become a part of "new employee orientation" program-wide.
ME	Maine State Administrative District #40, Waldoboro	Multisite/inclusive day treatment school program/rural	C. C.*	Model Adoption
OH	Positive Education Program, Cleveland	Harbor School	P. S.*	Demonstration
		EIC West	B. N.*	Demonstration

BEST COPY AVAILABLE

	Agency	Service Delivery Type	Regional Associates	Status of Model Implementation
NY	Gateway-Longview, Bowmansville	Gateway-Longview	J. B-U.*	Demonstration
WA	Monarch Therapeutic Learning Center, Lacey	Monarch TLC	K. J.* S. J.*	Program had reached Model Demonstration prior to changes in state administration and regulations. Program dissolved.
	Learning Tree Preschool, Bremerton	Learning Tree	P. C.*	Site merged with larger program. Regional Associate relocation to Port Townsend.
	Juniors Therapeutic Day Care, Everett	Juniors TCD	M. P.*	Program had reached Model Demonstration prior to changes in state administration and regulations. Program dissolved.
	Sunshine and Rainbows Child Development Center, Forks	Sunshine and Rainbows	L. M.*	Demonstration
	Star Lake Elementary,	Star Lake Elementary	S. W.*	

* = Year One
** = Year Two
*** = Year Three

Throughout the project period, 33 leadership personnel requested training for themselves and their sites. Once initiating services, 25 RAs and 18 sites remained active while, for reasons unrelated to the project, 8 RAs and two sites discontinued services.

While there was variability in amount of project assistance provided to each program, on average a site received three project staff visits of three days each during a school year (18 contact hours per visit x 3 visits = 54 in-depth instructional hours approximately per program per year.) After an initial one to three day full staff introductory training, these visits generally consisted of a half-day to full day workshops, two or more classroom observations with feedback to the observed teams, and leadership seminars for the RAs. **Table 3** contains summaries of the programs, the staff, and the number of children by age groups served by these 20 sites during the three year period.

Task 4, the ***DTT Trainers Network for On-going Outreach***, was initiated at the beginning of the second project year. Certified RAs implemented the final phase of the Outreach Project by: a) expanding existing training program at his/her site; b) fulfilling requirements for existing site to be certified as a *model replication site*; c) disseminating introductory information about the model through presentations and inservice workshops or professional meetings; or d) contracting with a new site for training/model implementation. The RAs also worked with project instructors to evaluate, revise, and supplement existing training products and media packages for maximum effectiveness in meeting needs in that local program. Assistance from the project included informational portfolios, access to training videos, coaching in adult training techniques, review/critique of training plans and agendas for specific groups, review/critique video tapes of student groups and/or teachers, or distance learning/conferencing opportunities.

Thus, the Trainers Network serves as a project support system. This Network, comprised of National Instructors, Regional Associate Instructors and program administrators, is designed to sustain the independent efforts of its members by providing on-going consultation, process

Table 3. Summary Characteristics of the 20 Sites Receiving In-depth Staff Training

Site	# Staff Trained	Type of Service	# of Children Served	AGES			
				2 - 5 Pre-K	6 - 11 K - 5th	12 - 14 6th - 8th	Other
023	14	Special Classes Partial Inclusion	52	2	46	4	
027	10	Full Inclusion Special Classes	46*				
032	4	Special Classes	8		8		
035	4	Special Classes	1			1	
033	na	Special Classes	na*				
024	32	Special Classes Partial Inclusion	55	2	50	2	1
036	6	Special Classes	8			5	3
005	16	Partial Inclusion Special Classes	10*				
030	na	Full Inclusion Partial Inclusion Special Classes	na*				
016	34`	Full Inclusion Special Classes	52	20	28	4	
028	17	Residential Special Classes Partial Inclusion	32		11	8	13
018	10	Partial Inclusion Special Classes	22		11	11	
003	52	Special Classes	70		1		69
002	14	Special Classes	110	107			3
014	18	Full Inclusion Partial Inclusion Special Classes	31	29	1		1
007	18	Special Classes	70	36			34
001	14	Special Classes	61*				
025	4	Partial Inclusion Special Classes	22*				
029	16	Special Classes	18*				
031	2	Partial Inclusion Special Classes	8		8		
TOTALS							
Total Served	285		676				
Data Pool	225		519	196	164	35	124

* Not included in data pool.

BEST COPY AVAILABLE

evaluation, and training resources (See **Appendix A**). The system has a mechanism for periodic re-evaluation of practices by these trainers and their training recipients to ensure effectiveness and fidelity to the specified model practices (See **Appendix B** for Minimum Requirements for a Regional Associate to Maintain Certification for Instruction in Developmental Therapy-Developmental Teaching.). The Trainers Network provided mentoring support from project staff to the RAs throughout the project period. The Network will continue via telecommunications, Internet web site, and e-mail activities. It is anticipated that these key groups of administrators and RA certified leadership individuals will continue to collaborate with Developmental Therapy-Teaching Programs via the Trainers Network for improved, coordinated services for students with SEBD throughout their regions.

The purpose of **Task 5, Project Evaluation**, was to evaluate project effectiveness in meeting the original project goals on time and within budget. Essential to the entire outreach design was an integrated system for assessing and monitoring performance skills and standards across all tasks. Accomplishments for each task were evaluated for timeliness and effectiveness. As stated earlier in *A Proven Approach*, forms and instruments were developed and field-tested in previous projects. They were included in the original proposal with descriptions of their development, reliability, validity, and uses.

Evaluation activities focused primarily on assistance to leadership personnel, to sites and to direct service individuals in learning to use the evaluation procedures with accuracy and to use the results (both formative and summative) in ways that improve and sustain performance. Figure 3, page 35 of the original proposal contains the summary of the evaluation plan for the competencies, evaluation sources, and performance standards for certification as a Regional Associate.

Reliable data collection at ongoing service program sites is a well-documented challenge. It proved to be so for this project as well. In order to assure confidence in reliability of the data and

in the accuracy of the findings, smaller numbers were accepted in our samples. While this approach introduced a question of bias into the selection process, we chose samples which had reliable data, excluding those where data were incomplete or inaccurately collected. We believe the smaller samples are representative of the typical participants, children served, sites, and outcomes.

Effectiveness of this project was assessed on four dimensions: (a) observational measures of participants' performance in using the specified practices; (b) progress of the children served by the participants during model implementation; (c) satisfaction of the participants with the training; and (d) assessment of administrative support for model implementation. Results are presented below.

Evaluation of Outreach Project Effectiveness

Was the outreach effective in assisting individuals and programs to improve and expand services to students with severe social-emotional-behavioral disabilities (SEBD)? To answer this question, the evaluation focused on project services provided for each task and recipient groups and are described here:

Evaluation question Task 1. *To what extent was multi-media information provided about the model and how does it address the needs of students with SEBD?* The recipient groups included public, professionals, paraprofessionals, and parents. Responses from recipients of dissemination materials was highly positive. Often requests for portfolios, brochures, bookmarks and flyers came from individuals who heard of project activities from other recipients. Participants in conference and workshop presentations rated the overall value, content and process of information as 4.57, using a scale of 1 to 5 with 1 being of little benefit and 5 highly beneficial.

Evaluation questions Task 2. *Do participants in the Training Trainers Program meet specified requirements for certification as a Regional Associate (RA)? Do they indicate satisfaction with the usefulness of project services? Do they report a positive view of their own skills as a new*

outreach provider?

Of the 33 leadership personnel meeting the requirements and accepted into the program, 17 participants successfully completed all requirements in the five competency areas and received certification during the project, five continue to work toward certification, and 11 discontinued their efforts for personal and/or professional reasons. **Tables 4a and 4b** summarize the progress of these RA leadership participants toward achievement of the specified standards for each of the five competency areas. Results of evaluation activities for this program component are summarized here:

Competency 1. Knowledge: The 50-item multiple-choice test of knowledge about Developmental Therapy-Developmental Teaching was taken by all but one of the RAs at the beginning of their training. Post-training knowledge tests were administered on an individual basis, when RAs requested the test after periods of self-study or as they came to the end of their individualized leadership training program. Of the 21 active RAs, 17 achieved the passing criterion (80%) or greater. Four of the remaining RAs continue their independent progress toward certification as Developmental Therapy-Developmental Teaching Regional Associates.

Competency 2. Reliability in using the 171-item DTORF-R assessment procedure: Leadership participants were expected to participate in team assessments of children in their programs and to review all DTORF-R ratings for accuracy. This procedure is a quality check on reliability of the assessment and requires proficiency in the use of the instrument on the part of the RA. Each rating was then reviewed by the project instructor for accuracy in the rating procedure and reliability of rater judgments. The instructor identified problem areas or inaccuracies in the rating procedure and provided feedback to the RA and the rating team. When DTORF-R ratings at a site were accepted as reliable and valid measures by the instructor, the RA was judged to have passed Competency 2, DTORF-R reliability. Using this procedure, 21 RAs received a "pass", indicating competency in supervising team ratings of social-emotional-behavioral development.

Table 4a. Developmental Therapy - Teaching Programs
Certified Regional Associates

	Competence 1 Knowledge Test	Competency 2 DTORF-R Reliability	Competency 3 DT/RITS Reliability	Competency 4 Field Supervision	Competency 5 Group Instruction in DT-T	Status
J.B.	Pretest ✓ Post test: passed	passed	passed: Stage II	Gateway-Longview completed	co-presentations with staff ✓ independent presentations ✓ certification presentation ✓	active
D.B.	Pretest ✓ Post test: passed	passed	passed: Stage II & III	Flat Shoals Center completed	co-presentations with staff ✓ independent presentations ✓ certification presentation ✓	active
C.C.	Pretest ✓ Post test: passed	passed	passed: Stage II & III	MSAD #40 completed	co-presentations with staff ✓ independent presentations ✓ certification presentation ✓	currently inactive for medical reasons
P.C.	Pretest ✓ Post test: passed	passed	passed: Stage I & II	The Learning Tree completed	co-presentations with staff ✓ independent presentations ✓ certification presentation ✓	active
A.C.	Pretest ✓ Post test: passed	passed	passed Stage III & IV	Ash Street Center completed	co-presentations with staff ✓ independent presentations ✓ certification presentation ✓	active
S.D.	Pretest ✓ Post test: passed	passed	passed Stage III	Berea Saturday School completed	co-presentations with staff ✓ independent presentations ✓ certification presentation ✓	active
H. E.	Pretest ✓ Post test: passed	passed	passed Stage II & III	Flat Shoals Center completed	co-presentations with staff ✓ independent presentations ✓ certification presentation ✓	active
A. G.	Pretest ✓ Post test: passed	passed	passed Stage II	Robins Air Force Base completed	co-presentations with staff ✓ independent presentations ✓ certification presentation ✓	active
K.H.	Pretest ✓ Post test: passed	passed	passed Stage III	Murdock House completed	co-presentations with staff ✓ independent presentations ✓ certification presentation ✓	active

BEST COPY AVAILABLE

Table 4a. (continued)

	Competency 1 Knowledge Test	Competency 2 DTORF-R Reliability	Competency 3 DT/RITS Reliability	Competency 4 Field Supervision	Competency 5 Group Instruction in DT-T	Status
K.J.	Pretest ✓ Post test: passed	passed	passed Stages I & II	Monarch Therapeutic Learning Center completed	co-presentations with staff ✓ independent presentations ✓ certification presentation ✓	active
S.J.	Pretest ✓ Post test: passed	passed	passed Stages I & II	Monarch Therapeutic Learning Center completed	co-presentations with staff ✓ independent presentations ✓ certification presentation ✓	active
B.N.	Pretest ✓ Post test: passed	passed	passed Stage II	Harbor Center completed	co-presentations with staff ✓ independent presentations ✓ certification presentation ✓	active
L.M.	Pretest ✓ Post test: passed	passed	passed Stage II	Sunshine and Rainbows completed	co-presentations with staff ✓ independent presentations ✓ certification presentation ✓	active
M.P.	Pretest ✓ Post test: passed	passed	passed Stage II	Juniors Therapeutic Day Care completed	co-presentations with staff ✓ independent presentations ✓ certification presentation ✓	active
P.S.	Pretest ✓ Post test: passed	passed	passed Stage I & II	Harbor School completed	co-presentations with staff ✓ independent presentations ✓ certification presentation ✓	active
S.W.	Pretest ✓ Post test: passed	passed	passed Stage III	Star Lake Elementary completed	co-presentations with staff ✓ independent presentations ✓ certification presentation ✓	active
W.W.	Pretest ✓ Post test: passed	passed	passed Stage II & III	Hopkins County School District completed	co-presentations with staff ✓ independent presentations ✓ certification presentation ✓	active

28 BEST COPY AVAILABLE

Table 4b. Developmental Therapy-Teaching Programs
Regional Associates Certification in Process

	Competency 1 Knowledge Test	Competency 2 DTORF-R Reliability	Competency 3 DT/RITS Reliability	Competency 4 Field Supervision	Competency 5 Group Instruction in DT-T	Status
G.B.*	Pretest ✓ Post test:	passed			co-presentations with staff independent presentations ✓ certification presentation	active
W.B.*	Pretest ✓ Post test:	passed	passed Stage III		co-presentations with staff ✓ independent presentations ✓ certification presentation	active
L.W.*	Pretest ✓ Post test: passed	passed	passed		co-presentations with staff ✓ independent presentations ✓ certification presentation	active
D.M.	Pretest ✓ Post test:	passed		Ash Street	co-presentations with staff independent presentations ✓ certification presentation	active
J.M.*	Pretest ✓ Post test:	passed	passed Stage III		co-presentations with staff ✓ independent presentations ✓ certification presentation	active

*RAs beginning program during Year Three

BEST COPY AVAILABLE

Competency 3. Reliability in using the 212-item DTRITS observational rating form: RAs were expected to observe with the project instructor as teaching teams worked directly with groups of children during implementation of model practices. These parallel observations were made during each return visit of the project instructor, and practice DTRITS ratings were made independently by the RA and the instructor. Follow-up discussion of rating differences on particular items following an observation served as tutorials for the RAs. This procedure was repeated with each visit until the DTRITS rating by a RA reached 80% agreement with the project instructor. Using this procedure, 19 RAs reached the performance criterion to date. (There is a further discussion below about the difficulties of leadership individuals in freeing an uninterrupted hour to complete an observation and DTRITS rating.)

Competency 4. Field supervision: Each RA was expected to provide on-going inservice assistance to their staff for model implementation during the periods between project instructors' visits. At the conclusion of the training agreement, or at the time when the RA and project instructor believed that implementation had reached an acceptable replication level, the teams were asked to anonymously rate the quality and effectiveness of the RA in assisting them in effective implementation. Using this procedure, 17 RAs completed the requirement successfully by receiving average ratings of 4 or better on an 8-item form with a 5-point rating scale. Results ranged from 4.04 to 4.79 on the individual items with an overall average of 4.26 (See **Table 5**, Average Ratings of Trainer's Field Skills). As this outreach project ends, four others are actively in process of guiding their program staff in model implementation.

Competency 5. Group instruction in basic model elements: Three phases of training were used to assist the RAs in developing effective skills in leading staff workshops for model implementation. The first phase, completed by 20 of the RAs, involved co-teaching with a project instructor for which planning was a combined effort between the instructor and RA. The second

Table 5. Average Ratings of Trainer's Field Skills
(n = 28)

	Average Rating*
Overall contribution of trainer to your own growth in implementing DTT practices.	4.11
Trainer's knowledge of content.	4.79
Trainer's skill in explaining what you needed to do.	4.33
Trainer's practical skills in assisting you in putting ideas into practice.	4.26
Trainer's ability to help you acquire the necessary skills to conduct the program independently.	4.07
Receptivity of trainer to your needs.	4.39
Compare this field-based training with other training you have received.	4.11
Rate the overall success of your DTT program for the children during the time this trainer was assisting you.	4.04
Overall Average	**4.26**

*1 = poor, 2 = fair, 3 = good, 4 = very good 5 = superior

phase, completed by 22 RAs, required independent presentations when there was no co-teaching but the project instructor assisted the RA in planning, selecting strategies, and designing effective workshop materials. The third phase for *certification* was successfully accomplished by 17 RAs in which they independently planned all aspects of the workshop, led the session, and were evaluated by a project instructor on an 18-item rating form with a 5-point scale of effectiveness as a session leader. Results of these ratings reported in **Table 6** indicate an overall average of 4.18 with a range on individual items of 3.65 (*eliciting responses from non-participants)* to 4.53 (*using the group process as the vehicle for learning)*. Additionally, workshop participants rated these sessions 4.0 or greater.

Appendix C lists and summarizes workshop evaluations from 2,194 participants at 105 workshops and presentations during the project years. (It should be noted that not all of the

Table 6. Session Leader's Skills for Involving Participants in Active Learning
(n = 20)

	Average Rating*
Communicating purpose of session	4.45
Communicating value of session	4.19
Conveying adequate information on topic	4.10
Supporting individual participant's effort	4.20
Supporting the group effort	4.42
Eliciting responses from non-participants	3.65
Motivating the group	4.21
Providing structure when needed	4.26
Allowing looseness when needed	4.22
Exhibiting personal verbal communication	4.43
Using non-verbal, body language	4.29
Turning participant "mistakes" into contributions	3.83
Understanding what a participant is trying to say and relating it to the topic	4.05
Pacing and timing	3.90
Introducing the session	4.50
Ending the session	3.72
Using the group process as the vehicle for learning	4.53
The overall effectiveness of this session for the group	4.21
Overall Average	**4.18**

*1 = ineffective, 2 = fair, 3 = average, 4 = very good, 5 = highly effective

participants at these workshops completed the anonymous evaluation forms.) Using a scale from 5 (*Highly Satisfied*) to 1 (*Not Satisfied*), the respondents indicated high degrees of satisfaction, with average ratings ranging from 3.51 to 5.0. Twenty-five of these workshops with 584 participants were taught independently by leadership participants in the RA Training-Trainers Program or by

certified RAs. Using the same evaluation form, respondents expressed similar levels of satisfaction with the material, workshop organization, general impression of the workshops, and the extent to which their individual needs were met. These average ratings ranged from 4.18 to 5.0.

Satisfaction of leadership trainees (*RAs*). Formative feedback on the training experiences was undertaken yearly throughout the project. Trainees participated in a focus group (Year One), an on-line survey (Year Two) and three phone conferences (Year Three) to evaluate the development of their own skills, the response to the training they were providing, the strengths and weaknesses of the leadership training and recommendations. Also, as each RA reached certification, they were asked to complete a written evaluation of the training experiences. This feedback provided the mentoring national instructors with helpful recommendations for improving the training as well as a summative evaluation of this aspect of the project. **Table 7** includes the average of an 8-item form with a 5-point rating scale with 1 being poor and 5 superior, the average rating by RAs of their overall Regional Associates' training experience was 4.56 with individual items ranging from 4.16 (*Value of the experiences in broadening your understanding of the ways in which troubled children and youth are served)* to 4.89 (*Skills of the instructors from the DT-TP who worked with you).*

The series of three long-distance phone conferences for focused dialogue about issues and concerns of RAs was conducted in December, 2002. **Appendix D** contains the topics, specific questions and format for each discussion and a summary of the results. A total of 16 individual RAs participated in these phone discussions. Evaluation results indicated high satisfaction for this form of interactive dialogue. The ratings (**Table 8**) were summed to get an average overall rating (4.17) as well as averages for three categories: process (4.25), content (4.25) and value (4.00). Criteria for effectiveness was set at >4.0.

RAs were articulate about their own strengths and weaknesses and were able to suggest very specific ways in which the project staff could assist them further in gaining the skills they needed.

Table 7. Average Ratings of Regional Associate's Training Experience
(n = 17)

	Average Rating*
Overall value of this experience for you.	4.53
Overall quality of the training program in which you participated.	4.32
Skills of the instructors from the DT-TP who worked with you.	4.89
Value of the experiences in broadening your understanding of the ways in which troubled children and youth are served.	4.89
Value of the experiences in providing you with future career directions.	4.16
Usefulness of the experiences in teaching you new methods and procedures for working with teachers who use DTT.	4.53
Usefulness of the training to use with reliability the materials for assessment of student progress and teacher skills.	4.58
Effectiveness in expanding your skills for program supervision and conducting staff development.	4.63
Effectiveness of the experience for increasing your knowledge of new theory, research, and practice with applications to intervention programs for troubled children and youth.	4.53
Overall Average	**4.56**

*1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = superior

Table 8. Evaluation of Telephone Conferences, Year Three
(n = 16)

	Average Rating*
Process (the way the sessions were organized and conducted)	4.25
Content (conference subject matter)	4.25
Value (usefulnes of the phone conferences for you)	4.00
Overall Average	**4.17**

*5 point scale with 1 being of little benefit and 5 highly beneficial

They urged regular contact via distance and on-site connections. They requested project instructors to continue visiting and monitoring their activities and programs; guidance in setting up grant-funded pilot programs, in obtaining resource materials and audio-visual aids, in training for model implementation, and on-line training materials. They also suggested a bi-annual leadership conference bringing together *RAs* from across the country for in-depth immersion in leadership issues.

Their recommendations included greater assistance with presentations, opportunities to practice presentations with peers for feedback, increased diversity of participating RAs, and increased time needed for preparation of presentations. They expressed some disappointment in the value of self-help/peer study groups where they attempted to learn from each other.

In discussion about the training they provided others, the RAs were positive and confident of their present level of skill for supporting others in schools, consultation and informal training with parents, presenting workshops and training new staff in introductory and intermediate levels of model implementation, using the model for FBA and Positive Behavioral Intervention Plans, and informally supporting staff in consultation about individual children's needs. They generally felt that their work with the project and with their staff was well received but were concerned that presentations offered only at the basic level fail to meet the needs of advanced participants. Several RAs expressed their movement toward a tiered training format–annual goals for staff inservice are set and staff participate in introductory or advanced sessions depending on their level of knowledge. Also, these sites have reported using their most experienced staff to mentor newer staff throughout the year. Treatment meetings are designed to focus on model components as well.

RAs plans for training others in the future included foster parent training, continuing on-site staff training, consultation with other school districts, and training in positive behavior management for general and special educators, administrators, and mental health personnel. They had numerous

future plans using the model. These included finding grant funds for expanding the scope of their program's model implementation, using the assessment instruments at a statewide level, extending the model into regional school districts, and expanding the curriculum resources for the model.

Evaluation questions Task 3. *Do participants demonstrate specified performance skills for implementing the model in the service setting? Do participants report a positive view of their own skills for implementing the model? Do their students show significant progress in achieving their IEP goals for increased social-emotional competence and responsible behavior? Has the implementation site achieved the specified standards for an effective replication?*

The recipient groups for this task were the local service sites with (a) direct service providers (teachers, administrators, support personnel), concerned parents, and (b) students with SEBD who have IEP goals for social-emotional competence and responsible behavior. **Appendix E** outlines 7 competencies, data sources and performance standards used to answer these questions for Task 3, including observational/judgment performance ratings, document review for accurate use of instruments used in model implementation, checklists and open-end questionnaires to measures participant satisfaction. These measures have been extensively field-tested, revised, and proven to be reliable, valid, and useful in previous studies documenting model effectiveness with students who have severe social-emotional-behavioral disabilities.

Performance criteria for effectiveness was measured (a) with direct service providers by their demonstrated skill in implementing specified model practices when observed in direct work with their students and their satisfaction with the usefulness of the model practices they have acquired; (b) for the students by documented progress toward achieving specific IEP goals for social-emotional competence and responsible behavior; and, (c) quality of replication at each site judged by the extent to which previously established standards for an effective replication are met.

Specified performance skills for implementing the model in the service setting. The skills

of the teaching teams in working effectively with children/students were assessed with the *Developmental Therapy Rating Inventory of Teaching Skills (DT/RITS).* Typically an observation and rating was followed by a 30 to 60 minute debriefing for feedback with the teaching team, focusing on satisfactory skills and areas of performance that required improvement. At the time implementation activities began at a site, the project instructor and the Regional Associate(s) observed each participating team. Once certified, RAs continued implementation activities and rated participating teams independently.

Table 9 reports the DT/RITS scores achieved by 62 teams at 17 representative sites after initial model implementation, performance feedback, and tutorial assistance. Levels of proficiency established for DT/RITS scores in previous studies are 90-100=*Highly Effective*, 70-89=*Effective*, 50-69=*Adequate*, 30-49=*Less than Adequate*, and 16-29=*Poor*. The scores indicate that 46 (74%) teams achieved DT/RITS proficiency scores at the *Adequate* or better level, indicating demonstration of the basic practices necessary for model implementation. Of these, 33 (53%) teams demonstrated *Effective* or *Highly Effective* skills.

A positive view of their own skills for model implementation. To obtain information about participants view of their own skills and their level of satisfaction in on-site training for model implementation, a one-page questionnaire was mailed, electronically sent or faxed to RAs at all sites agreeing to participate in project evaluation activities for distribution. Support staff, administrators, and direct service team members were included. Using a scale from *Yes I have acquired this skill* (5) to *No* (1), they were asked to rate 22 items about their perceptions of skills they had acquired as a result of training, positive aspects and weaknesses of the training they received, changes in their effect on children and families, and recommendations for future training.

Table 9. Sample of Observation Performance Ratings by Direct Service Achieved at Current Sites

Participant Teams		DTRITS Scores and Proficiency Levels Achieved as of December, 2002			
Site ID	*Team ID*	*Highly Effective 90 - 100%*	*Effective 70 - 89%*	*Adequate 50 - 69%*	*Below Passing <50%*
001	002			69	
	003				38
	006	95			
003	001	93			
	002	100			
	004				45
	008	97			
	009				33
	012				33
005	003		76		
	004			65	
	006	95			
	007		75		
007	011				33
	013	95			
	015	93			
014	005	100			
016	001		81		
	002		86		
	004		88		
	005				46
	006		73		
	008		88		
	009		89		
	010				21
	011		81		
	014		84		
	015	94			
	016		85		
	017				33
	019	100			
	020	100			
	021	95			
018	004			64	
	005				48

023	001				37
	002				34
	004			51	
	005				26
024	001				45
	002		88		
	004				37
	005			64	
	011			58	
	012		88		
025	001		78		
027	001		83		
	002			66	
	003			67	
	004			62	
	005			66	
	006				44
028	003		77		
	005		88		
029	008		87		
031	001			51	
032	001		88		
	002				25
035	001			63	
	002			69	
	003		87		
036	001	91			
Total Teaching Teams	62*	13	20	13	16

*Teaching teams consisted of the lead teacher and one or more paraeducators.

Responses were received from 41 participants. **Table 10** summarizes their ratings, indicating levels of skill achievement ranging from above average (ratings > 3.5) to highly effective (ratings of 4.89). Responses to the statements of newly acquired skills included understanding the social-emotional development of children better (4.43), skill in preparing a group profile to identify the range of social-emotional objectives within my group (3.89), recognize anxieties behind behavior (4.32), and conduct every activity, including transitions and free time, to work on specific goals and

Table 10. Direct Service Personnel Questionnaire Totals

Know the developmental milestones each child in my group has achieved.	4.43
Know the objectives that are the current focus of my classroom/treatment program.	4.54
Prepare group profile to identify the range of social-emotional objectives within my group.	3.89
Plan group activities with adaptations for individuals based on their objectives.	4.35
Plan lead and support role strategies with my team.	4.46
Have learned the developmental goals and milestones for the stages above and below the current level of my group.	4.14
Have posted, student friendly schedule for our daily routine.	4.86
Plan activities around content themes generated from experiences/interests of group.	4.24
Know how each of my students responds to stress and success.	4.57
Anticipate students' behaviors and respond within the context of each student's stage of development.	4.32
Recognize anxieties behind observed behavior.	4.32
Respond to behaviors in ways that reduce anxieties.	4.41
Convey necessary psychological power to ensure security for everyone in group.	4.38
Make my own needs secondary to those of the students.	4.76
Convey calm dependability and competence under stress.	4.43
Adjust actions and procedures and alter activities as needed to foster change in students.	4.41
Work with other mental health and educational professionals as a member of the interdisciplinary team effort to assist my students and their families.	3.59
Assist other adults to ensure successful integration of my students into the general education program.	4.00
Use knowledge of anxieties, defense mechanisms, and roles in groups to plan and conduct activities.	4.41
Conduct every activity, including transitions and free time, to work on specific goals and objectives.	4.03
Monitor each student's progress carefully to facilitate advancement to new objectives.	4.27
Use DTORF-R at each grading period to interpret progress and make changes.	4.08
Average Overall Rating	**4.31**

BEST COPY AVAILABLE

objectives (4.03). Even the skill receiving the lowest score (3.59) "Work with staff and other educational professionals as a member of the interdisciplinary team effort to assist my students and their families." was still rated above average.

RAs held informal sessions with staff concerning the training activities. Their cited strengths included the organization of the workshop/training sessions, using their students as relevant examples, the small group exercises, and opportunities to analyze in-depth individual cases. They also mentioned knowledge levels, helpfulness, support, and skills of project instructors in providing practical applications as strengths in the training. The reported weakness of the training focused almost entirely on issues of time. They felt that the comprehensiveness of the curriculum required in-depth work beyond what can be done given all the other daily requirements. They felt a shortage in number of scheduled observations and feedback they received (time limitations on the part of the visiting instructor's schedule) and training after school when they were tired or scheduled to leave. They also reflected that they would have liked more direct suggestions for activities, curriculum ideas, follow-up case studies, and applications in the classroom for targeting goals and objectives.

Significant progress in childrens' social-emotional-behavioral competence during the model implementation period. To evaluate project impact on children served by the participants during model implementation, 11 sites agreed to assist us in collecting basic descriptive data and periodic assessments of social-emotional-behavioral status using the Developmental Teaching Objectives Rating Form Revised (DTORF-R). The DTORF-R consists of 171 items measuring social-emotional competence in four interactive subscales – Behavior Subscale - 33 items; Communication Subscale - 35 items; Socialization Subscale - 41 items; and, Pre (Academics) Subscale - 62 items. Reliability studies report item-by-item interrater agreement of .95 and .98 using a standard rater-training program. Kuder-Richardson type estimates of internal reliability are about .99 for each DTORF-R subscale.

DTORF-R ratings were completed by rating teams, usually the teaching team working with the child at the program site, a parent or parent worker and a site RA. The site RA was trained specifically in the use of the instrument. All children served by the participants at these sites were included if their DTORF-R ratings for social-emotional-behavioral development were completed with accuracy and there was at least one repeated assessment of 2 months but no greater than 11 months apart. **Appendix F** contains the criteria set to assure qualitative control of the DTORF-R assessment profiles. These include age - stage and interdomain congruity. There were 279 of 519 children with assessment information whose ratings met the criteria to be included in the sample.

Descriptive Statistics

Table 11 summarizes the characteristics of these children at the time model implementation was initiated. The sample was composed of a total of 279 children from 11 programs in 6 states. Overall there were 207 (74.19%) males and 72 (25.81%) females. Two hundred forty-five (87.82%) of the sample were African American 103 (36.92%) or Caucasian 142 (50.90%). They ranged in age from 8 months to 247 months (20.58 years), with an average age of 7.25 years (87.01 months). All had at least one recorded primary disability, 166 (59.50%) were children with severe emotional/behavioral disabilities (SEBD), 45 (16.13%) with Autism Spectrum Disorders, and 25 (8.96%) with Pervasive Developmental Delay (PDD); 106 (37.99%) had SEBD as a secondary disability. 84.23% of these children (235) were being served in special education classes while 15.05% (42) were reported in full inclusion or partial inclusion settings.

For the analysis of program effect on severity levels, a severity index was calculated for each child by dividing a child's actual DTORF-R developmental score at entry by the expected developmental score (DTORF-R developmental score corresponding to the child's chronological

Table 11. Characteristics of Sample Populations
(n = 279)

		n	Percent
Gender			
	Male	207	74.19
	Female	72	25.81
Race			
	African American	103	36.92
	Caucasian	142	50.90
	All others	34	12.19
Program Level			
	Pre-School	90	32.26
	Elementary	150	53.76
	Middle School	16	5.73
	Other	57	20.43
Primary Disability			
	Autism	45	16.13
	Developmental	25	8.96
	Emotional/Behavioral	166	59.50
	Other	43	15.41
Secondary Disability	Emotional/Behavioral	106	37.99
Service Type			
	Inclusion	42	15.05
	Special Class	235	84.23
	Other	1	
Severity			
	Mild	120	43.01
	Moderate	138	49.46
	Severe	20	7.17
	Other	1	0.36

age at entry). Three standards have been previously defined for this severity index: Children entering with no more than a 25% delay in expected developmental scores are classified in the mild group; scores between 26% and 74% indicate moderate delay; and scores indicating 75% delay or greater are designated as severe. Of the 279 children in the sample, 120 (43.01%) were classified as mild, 138 (49.46%) as moderate and 20 (7.17%) as severe; one (0.36%) was in the range comparable to same age peers. For the analyses of program impact on children across program levels

from preschool to secondary, three groups were established: Preschool (under 5 years), Elementary (Kindergarten through 5th grade) and Secondary (6th to 8th grades).

Inferential Statistics

The independent variable was participation in the *Developmental Therapy-Teaching* model. The pre-DTORF-R (beginning of treatment) and the post DTORF-R (end of treatment) for all children were used as the dependent variables. The range of number of months in treatment was 2 to 36 months (mean 8.78). The null hypothesis for statistical tests was either no statistically significant difference between mean DTORF-R Pre and mean DTORF-R Post or no statistically significant difference for mean gain scores as corrected by number of months in treatment. Several inferential statistical tests were used to analyze the data for potential differences.

Overall Analyses. For the entire sample, a dependent t-test using pre and post DTORF-R scores as the dependent variable was calculated for each of the four areas–Behavior, Communication, Socialization and Pre (Academics) (See **Table 12**). The results were as follows: Behavior ($t=11.18, p<.000$), Communication ($t=11.68, p<.000$), Socialization ($t=12.41, p<.000$) and (Pre) Academics ($t=10.36, p<.000$). Thus, there were statistically significant gains for the sample as a whole for all four areas at the $p<.000$ level for the total sample. These findings indicate that model implementation by the participating teams had a significantly positive effect in promoting increased social-emotional-behavioral development of the children that they served.

More Specific Analyses. Based on the statistically significant results for all four areas, additional analyses were conducted to determine possible differences on other variables. Analyses were conducted for severity level, program level and disability categories. Additional analyses using the covariate of number of months in treatment were conducted for gender and race.

Table 12. Overall Analysis of Pre/Post DTORF-R Scores
(n = 279)

		Mean	Standard Deviation	Dependent *t*	p
Behavior	Pre DTORF-R	11.30	5.03	x	x
	Post DTORF-R	13.77	5.76	x	x
	Statistical Test	x	x	11.18	p<.000
Communication	Pre DTORF-R	10.91	5.69	x	x
	Post DTORF-R	13.32	6.26	x	x
	Statistical Test	x	x	11.68	p<.000
Socialization	Pre DTORF-R	13.60	6.27	x	x
	Post DTORF-R	16.48	6.59	x	x
	Statistical Test	x	x	12.41	p<.000
(Pre) Academics	Pre DTORF-R	20.75	14.60	x	x
	Post DTORF-R	24.94	14.90	x	x
	Statistical Test	x	x	10.36	p<.000

Severity Level. A dependent t-test focusing on Severity Level–a potentially significant variable concerning the viability of the model across multiple severity levels–was calculated for three severity levels (Severity Level 1 – 25% delay or less = the mild group; Severity Level 2 – 26% and 74% delay = moderate; and Severity Level 3 – 75% delay or greater = severe) for each of the four DTORF-R areas. **Table 13** presents the results of these analyses. There were statistically significant differences in Severity Levels at the p<.000 level for Severity Levels 1 and 2 for all four areas–Behavior, Communication, Socialization and (Pre) Academics. The students in Severity Level 3 (n=20) made less statistically significant gains than those in Severity Levels 1 and 2; however, gains here were still substantial (Behavior: $t = 3.50$, p<..002; Communication: $t = 2.38$, p<..028; Socialization: $t = 3.14$, p<.005; and, (Pre) Academics: $t = 2.32$, p<.032).

Table 13. Analyses of Pre/Post DTORF-R Scores by Severity
(n = 278)

		Mean	Standard Deviation	*t*	p
Severity Level 1 - Mild (n = 120)					
Behavior	Pre DTORF-R	13.13	4.54	x	x
	Post DTORF-R	15.45	5.36	x	x
	Statistical Test	x	x	7.05	p<.000
Communication	Pre DTORF-R	13.78	4.20	x	x
	Post DTORF-R	15.92	4.81	x	x
	Statistical Test	x	x	7.10	p<.000
Socialization	Pre DTORF-R	16.62	4.99	x	x
	Post DTORF-R	18.81	5.35	x	x
	Statistical Test	x	x	6.70	p<.000
(Pre)Academics	Pre DTORF-R	29.24	10.82	x	x
	Post DTORF-R	32.85	10.89	x	x
	Statistical Test	x	x	7.59	p<.000
Severity Level 2 - Moderate (n = 138)					
Behavior	Pre DTORF-R	10.71	4.77	x	x
	Post DTORF-R	13.33	5.63	x	x
	Statistical Test	x	x	7.94	p<.000
Communication	Pre DTORF-R	9.78	5.43	x	x
	Post DTORF-R	12.60	6.04	x	x
	Statistical Test	x	x	9.10	p<.000
Socialization	Pre DTORF-R	12.38	5.94	x	x
	Post DTORF-R	15.94	6.54	x	x
	Statistical Test	x	x	10.24	p<.000
(Pre)Academics	Pre DTORF-R	15.98	14.08	x	x
	Post DTORF-R	21.04	14.73	x	x
	Statistical Test	x	x	7.35	p<.000
Severity Level 3 - Severe (n = 20)					
Behavior	Pre DTORF-R	4.75	1.89	x	x
	Post DTORF-R	7.05	2.76	x	x
	Statistical Test	x	x	3.50	p<.002
Communication	Pre DTORF-R	2.05	1.28	x	x
	Post DTORF-R	3.20	2.09	x	x
	Statistical Test	x	x	2.38	p<.028
Socialization	Pre DTORF-R	4.40	2.09	x	x
	Post DTORF-R	6.85	2.74	x	x
	Statistical Test	x	x	3.14	p<.005
(Pre)Academics	Pre DTORF-R	3.55	2.54	x	x
	Post DTORF-R	5.40	2.80	x	x
	Statistical Test	x	x	2.32	p<.032

BEST COPY AVAILABLE

Program Level. Another potentially significant variable considered important was the impact potential of the model on children across program levels. Calculations were made with a dependent t-test using pre and post DTORF-R scores as the dependent variable for each of the four areas–Behavior, Communication, Socialization and (Pre) Academics – for three identified program levels. Preschool (under 5 years, n=105), Elementary (K to 5th grade, n = 116) and Secondary (6th - 8th grade, n = 16) (See **Table 14** for results). There were statistically significant differences in Program Levels at the p<.000 level for Preschool and Elementary for all four areas–Behavior, Communication, Socialization and (Pre) Academics. Compared with these levels, students in Secondary Level (n = 16) made less statistically significant gains in Communication (t = 2.89, p<.011) and statistically significant gains were not indicated in Behavior (t = 1.86, p<.083); Socialization (t = 1.26, p<.226); or, (Pre) Academics (t = 1.64, p<.122).

Primary Disability. DTORF-R pre/post scores for the four subscale areas were analyzed according to the type of disability used by the site at the time of enrollment. Three primary disability types were identified: Emotional/Behavioral (n = 166), Autism Spectrum (n = 45) and Pervasive Developmental Delays (n = 25). **Table 15** summarizes the results of these analyzes. Statistically significant t-values (p<.000) were denoted in all four areas for children with emotional/behavioral disabilities. Similar findings were indicated for children with Autism in Socialization (t = 3.43, p<.001) and for children with PDD in Communication (t = 3.74, p<.001), Socialization (t = 4.46, p<.000) and (Pre) Academics (t = 3.73, p<.001). Though meaningful, children with Autism made less statistically significant gains in (Pre) Academics (t =2.39, p<.021) as did children with PDD in Behavior (t = 2.16, p<.041). Significant gains were not shown for children with Autism in Behavior (t =1.70, p<.097) and Communication (t =1.19, p<.242).

Table 14. Analysis of Pre/Post DTORF-R Scores by Program Levels

		Mean	Standard Deviation	Dependent *t*	p
Preschool (n = 105)					
Behavior	Pre DTORF-R	8.53	2.85	x	x
	Post DTORF-R	10.42	3.49	x	x
	Statistical Test	x	x	7.74	p<.000
Communication	Pre DTORF-R	8.34	4.14	x	x
	Post DTORF-R	10.49	4.06	x	x
	Statistical Test	x	x	8.71	p<.000
Socialization	Pre DTORF-R	10.53	4.47	x	x
	Post DTORF-R	13.10	4.32	x	x
	Statistical Test	x	x	9.26	p.<000
(Pre)Academics	Pre DTORF-R	15.71	8.55	x	x
	Post DTORF-R	20.15	8.67	x	x
	Statistical Test	x	x	8.67	p<.000
Elementary (n = 116)					
Behavior	Pre DTORF-R	13.08	4.86	x	x
	Post DTORF-R	16.68	5.49	x	x
	Statistical Test	x	x	9.00	p<.000
Communication	Pre DTORF-R	12.72	5.48	x	x
	Post DTORF-R	15.72	6.41	x	x
	Statistical Test	x	x	8.46	p<.000
Socialization	Pre DTORF-R	15.57	6.07	x	x
	Post DTORF-R	19.38	6.40	x	x
	Statistical Test	x	x	9.12	p.<.000
(Pre)Academics	Pre DTORF-R	23.33	16.65	x	x
	Post DTORF-R	27.75	17.34	x	x
	Statistical Test	x	x	6.50	p<.000
Middle School (n = 16)					
Behavior	Pre DTORF-R	16.50	4.77	x	x
	Post DTORF-R	18.50	5.85	x	x
	Statistical Test	x	x	1.86	p<.083
Communication	Pre DTORF-R	15.69	5.21	x	x
	Post DTORF-R	18.06	6.60	x	x
	Statistical Test	x	x	2.89	p<.011
Socialization	Pre DTORF-R	20.56	6.25	x	x
	Post DTORF-R	21.81	6.75	x	x
	Statistical Test	x	x	1.26	p.<.226
(Pre)Academics	Pre DTORF-R	30.81	17.79	x	x
	Post DTORF-R	35.94	17.34	x	x
	Statistical Test	x	x	1.64	p<.122

BEST COPY AVAILABLE

Table 15. Analysis of Pre/Post DTORF-R Scores by Primary Disability
(n = 279)

		Mean	Standard Deviation	Dependent *t*	p
Emotional/Behavioral (n = 166)					
Behavior	Pre DTORF-R	12.37	4.57	x	x
	Post DTORF-R	15.43	5.36	x	x
	Statistical Test	x	x	11.05	p<.000
Communication	Pre DTORF-R	12.68	5.05	x	x
	Post DTORF-R	15.46	5.35	x	x
	Statistical Test	x	x	10.93	p<.000
Socialization	Pre DTORF-R	15.43	5.56	x	x
	Post DTORF-R	18.50	5.93	x	x
	Statistical Test	x	x	10.10	p.<000
(Pre)Academics	Pre DTORF-R	25.20	13.34	x	x
	Post DTORF-R	30.22	13.01	x	x
	Statistical Test	x	x	10.73	p<.000
Autism (n = 45)					
Behavior	Pre DTORF-R	9.71	5.87	x	x
	Post DTORF-R	10.78	5.56	x	x
	Statistical Test	x	x	1.70	p<.097
Communication	Pre DTORF-R	7.02	5.79	x	x
	Post DTORF-R	7.73	5.71	x	x
	Statistical Test	x	x	1.19	p<.242
Socialization	Pre DTORF-R	10.07	6.51	x	x
	Post DTORF-R	12.09	5.93	x	x
	Statistical Test	x	x	3.43	p.<.001
(Pre)Academics	Pre DTORF-R	14.58	12.94	x	x
	Post DTORF-R	16.98	13.58	x	x
	Statistical Test	x	x	2.39	p<.021
Pervasive Developmental Delay (n = 25)					
Behavior	Pre DTORF-R	9.16	5.26	x	x
	Post DTORF-R	10.24	4.61	x	x
	Statistical Test	x	x	2.16	p<.041
Communication	Pre DTORF-R	8.84	5.58	x	x
	Post DTORF-R	10.92	5.66	x	x
	Statistical Test	x	x	3.74	p<.001
Socialization	Pre DTORF-R	10.72	6.50	x	x
	Post DTORF-R	12.92	5.61	x	x
	Statistical Test	x	x	4.46	p.<.000
(Pre)Academics	Pre DTORF-R	17.60	13.34	x	x
	Post DTORF-R	19.96	12.23	x	x
	Statistical Test	x	x	3.73	p<.001

Gender. The data was further investigated, an analysis of covariance (ANCOVA) was conducted to examine the sample for statistically different differences by gender as corrected by the number of months in treatment (covariate). A covariate was used to partition the variance as much as possible to determine gender differences. **Table 16** provides the results of this analysis of covariance. The proportions of EBD males and females in this sample are generally consistent with the proportions found nationally for this disability area. The covariate was statistically significant at the $p<.001$ level indicating differences between students by number of months in treatment. As indicated in Table 16, there were no statistically significant differences between males and females in any of the four areas indicating that the model is equally effective with both males and females.

Table 16. Analyses of Gain Scores by Gender
(n = 279)

		Sample Size	Mean Gain Score	Standard Deviation	Statistical Test F	p
Behavior Gains						
	Male	207	2.46	3.75	x	x
	Female	72	2.50	3.53	x	x
	Covariant # months in treatment	x	x	x	17.45	p<.000
	Gender	x	x	x	.133	p<.715
Communication Gains						
	Male	207	2.23	3.52	x	x
	Female	72	2.89	3.15	x	x
	Covariant # months in treatment	x	x	x	16.11	p<.000
	Gender	x	x	x	2.91	p<.089
Socialization Gains						
	Male	207	2.81	3.90	x	x
	Female	72	3.08	3.84	x	x
	Covariant # months in treatment	x	x	x	28.15	p<.000
	Gender	x	x	x	.80	p<.373
(Pre) Academic Gains						
	Male	207	4.00	7.10	x	x
	Female	72	4.76	5.66	x	x
	Covariant # months in treatment	x	x	x	6.95	p<.009
	Gender	x	x	x	1.03	p<.311

BEST COPY AVAILABLE

Race. An analysis of covariance (ANCOVA) was conducted to examine the sample for statistically significant differences by race as corrected by the number of months in treatment (covariate) using the same rationale as the analyses for Gender. An initial analysis of five races indicated no statistically significant differences for any of the four areas; however, the sample sizes for three of the races (Hispanic, Asian, and multi-racial) were very small compared to Caucasian and African American samples. Using a conservative analytical approach, an analysis of covariance was conducted with only these latter two categories. As seen in **Table 17** below, the covariate was statistically significant at the $p<.05$ level for all four areas. However, there were no statistically significant differences in growth on the DTORF-R for any of the four areas. These results suggest that the model is equally effective with both Caucasian and African-American students.

Table 17. Analyses of Gain Scores by Race
(n = 245)

		Sample Size	Mean Gain Score	Standard Deviation	Statistical Test F	p
Behavior Gains						
	Caucasian	142	2.39	3.48	x	x
	African American	103	2.90	3.90	x	x
	Covariant # months in treatment	x	x	x	12.20	p<.001
	Race	x	x	x	.16	p<.690
Communication Gains						
	Caucasian	142	2.25	3.50	x	x
	African American	103	2.56	3.50	x	x
	Covariant # months in treatment	x	x	x	10.55	p<.001
	Race	x	x	x	.00	p<.958
Socialization Gains						
	Caucasian	142	3.00	3.89	x	x
	African American	103	2.77	3.53	x	x
	Covariant # months in treatment	x	x	x	21.27	p<.000
	Race	x	x	x	1.92	p<.167
(Pre) Academic Gains						
	Caucasian	142	4.70	7.48	x	x
	African American	103	4.09	5.28	x	x
	Covariant # months in treatment	x	x	x	4.75	p<.030
	Race	x	x	x	1.26	p<.262

Overall Summary of Statistical Analyses

As a group, the 279 children made statistically significant gains in social-emotional-behavioral competence in each subscale performance area during the intervention period providing evidence that significant gains occurred in behavior, communication, socialization and academics. When DTORF-R scores were then analyzed by various groupings--severity levels, program levels and disability type, significant values support the claim of program effectiveness in fostering gains at all severity levels, with preschool through upper elementary school, and among children who have varying disabilities. Gains scores with the influence of time partitioned out indicated that, though time in the program is significant, gender and race are not. The program was effective with both sexes and with Caucasians and African Americans. The findings provide clear evidence that troubled children, who may or may not have other disabilities, can make statistically significant gains in achieving individual objectives for social-emotional-behavioral development using the Developmental Therapy-Teaching practices for intervention.

Implementation sites have achieved the specified standards for an effective replication. An administrative checklist containing 41 basic program elements desirable for effective model replication was used by project instructors and site administrators/coordinators to determine the extent to which model components had been included in the implementation effort. If a component was rated as provided and being used consistently, the item was marked YES. If it was used inconsistently, the item was marked PARTIAL, and if it was not available or not implemented, it was marked NO. The total items marked YES provided an administrative support score for a site. Criterion levels established in previous research studies on model effectiveness are these: 26-41 items = *Demonstration Level* (components consistently and effectively replicated); 16-25 items = *Model Adoption Level* (sufficient number of elements to consider model implementation achieved); and 10-15 items = *Basic Implementation (*indicating essential components were utilized*).* **Table 18**

reports the administrative support scores at each of the 11 implementation sites that participated in child progress data collection for the project. All of these sites were rated at the *Basic Implementation* level or better; indicating administrative planning that provided the essential elements for model implementation. Six sites were rated at the *Model Adoption* level, and five sites achieved *Demonstration* level.

Table 18. Level of Administrative Support at Participating Sites

Site	*Score**
023	17
032	24
024	22
016	29
028	13 - 23
018	25
003	28
002	32
014	37
007	33
031	NA

* Score indicates number of administrative elements in place for model replication: 26-41, Demonstration Level; 16-25, Adoption Level; 10-15, Minimum Level
**Site has multiple locations

Evaluation questions Task 4. *To what extent have graduates of the Training Trainers Program independently conducted outreach activities for effectively implementing the model? Do they perceive that they have received sufficient support and guidance from project staff in support of their independent activities?* Successful graduates of the Training Trainers Program (Task 2 above), certified as Regional Associates were expected to independently assist others in replicating

the Developmental Therapy-Teaching model. As expected, once Regional Associates reached certification, they continued guiding implementation efforts with original teams and extended training to new teaching teams at their respective sites. Early in the project it was determined that to effectively train the trainer, aside from full staff workshops, training was modeled with one to three teaching teams with a focus on the RAs gaining competencies. As their skill increased, particularly after the field supervision period, RAs independently focused on additional teams. Data on workshops/training, student gains, and teacher skills was reported to our office on an established schedule. As site data was sent in, it was put into the data system established for each site. This information was included in the comprehensive data analyses described in Task 2 and Task 3 above.

Appendix G, *Evidence of Extended Training*, contains information provided by Regional Associates about their activities in training others to use DTT practices. The opportunities the RAs are providing are as diverse as they are. One RA, a college professor, currently teaches a required graduate course "Models of Classroom Discipline" using the DTT text to 25 students each Spring. She is reworking a second course based on DTT for early education graduate students. This class generally has an enrollment of 10 students; it is offered each Fall. Some of the classes for this course are to be offered at Gateway-Longview, New York, a DTT program site. Thus, these courses have the potential to effect approximately 35 teachers and pre-service teachers annually. In this same vein, two Washington State RAs were contracted by a continuing education program to design a 45 hour (4.5CEUs) course for early childcare providers using the DTT model. The class is scheduled to be conducted from June through August, 2003 for 20 participants. Also, an RA employed by the Jefferson Mental Health program (Port Townsend, Washington) developed a 10 month training program (55 hours) for School District special and regular education teachers. The training began September, 2002, and is ongoing through June, 2003. Training incorporates group seminars,

assessment and curriculum planning on, at least, two students, on-site observations and teacher mentoring. Fifteen teachers are participating in this program.

Additionally, another RA, a state early childhood coordinator (Olympia, Washington), submitted and received state funding for a DTT project entitled *A Training/Coaching Model for Improving Adult/Child Interactions in Childcare Settings.* The program was conducted by four Regional Associate Instructors from June, 2001 through April, 2002. It consisted of four daylong workshops each two months apart interspersed with on-site observations and consultations to 28 participants from eight childcare programs in a three county area. An RA employed by a statewide program for residential and group home care with headquarters in Lexington, Kentucky has succeeded in impacting the entire program. Their CEO for Children's Services accepted her proposal for incorporating training in DTT model practices into their Pre-Employment Orientation package. Already in effect, this training has been provided to approximately 50 new employees to date. Follow-up training is ongoing through weekly treatment team meetings and scheduled workshops.

The Developmental Therapy-Teaching Programs staff have contributed assistance with proposals, planning, and materials for these new projects. While Regional Associates have expressed satisfaction with the guidance they have received, they also stress the importance of ongoing education and mentorship even as they become more proficient with this complex model.

Evaluation question Task 5. *Were all of the tasks and projected outcomes measures achieved as projected, on time and within budget?* The evaluation plan included both qualitative and quantitative measures of progress toward achieving intended outcomes. Both types of measures contributed to identifying effective outreach activities and the settings/conditions optimal for achieving the greatest results. These analyses provided feedback to individual participants and project staff so that learning experiences could be redefined, reinforced, revised, and replicated. In addition feedback to participants informed them of their accomplishments and permitted project

staff and program administrators to examine the end result of model implementation in each setting. Long-term uses of the project outcomes support independent model replications by certified individuals far beyond the scope of this project. It was designed to insure that local programs were assisted in improving and expanding their services to troubled children and teens. Outcomes achieved:

- ✓ An expanded group of certified leadership individuals skilled in conducting supervisory/coordination activities to maintain program quality at sites where students with severe SEBD receive services in acquiring greater social-emotional competence and responsible behavior.
- ✓ A group of certified Regional Associates able to increase the number of replications of the model.
- ✓ An expanded group of skilled direct service professionals (teachers, administrator, support personnel) prepared to implement the model with new staff and new groups of students each year, as well as demonstrate exemplary practices for other educators in special and regular education.
- ✓ An increased number of replications using up-to-date, proven practices shown to be effective.
- ✓ An expanded number of quality demonstration sites where others seeking information about the model can observe effective model practices in a variety of program settings (public schools, residential programs, day treatment, home programs and other community service settings).

PROBLEMS ENCOUNTERED AND HOW THEY WERE SOLVED

There were several unanticipated problems which influenced the direction of grant activities over this three-year period. These problems reflect issues and challenges both specific to this project

as well as those in the field of severe social-emotional-behavioral disabilities and how they impact on outreach assistance for model implementation. The challenges and how the project responded are described below by management task effected.

Challenges in the Training Trainers Program and Project Response

Early in the project, administrators expressed the need for the Training Trainers Program to accept more than one leadership participant at individual sites. Concerns were for effectiveness and sustainability over time. As with the familiar issue of re-training due to staff turnover, administrators judged the risk of losing the only on-site certified instructor too great. Also, many articulated the value of having a leadership team with advanced skills and knowledge about the model coordinating and supervising implementation activities. During training and beyond, these individuals could coordinate and maintain effectiveness by providing feedback, problem solving, supporting, and guiding direct service practitioners as they worked to implement the model with children who had severe social-emotional-behavioral problems. This DTT certified leadership team would also conduct introductory level training for new personnel and provide support to existing staff as they continued to acquire advanced skills for model implementation.

To address this request, the project staff adjusted the Training Trainers Program to accept up to four leadership personnel at selected participating sites. Project instructors, along with the site trainees, developed individual training plans specific to meet identified needs; however, group seminars, observations and tutorials were implemented when possible. To accommodate the additional training time needed, long-distance communication and instructional options to the implementation sites were pursued. A Training Trainers' LIST-SERVE, teleconferencing, and frequent email, fax and phone consultation were utilized. Actualizing this effected the original

design for site-wide model implementation (see details of site development model replication problems in the section below).

Challenges in Site Development for Model Replication and Project Response

The outreach model of intermittent, in-depth training and follow-up at participating site visits for observations and debriefings with every individual team was found to be untenable with the dual role of project instructors to certify leadership personnel in DTT Regional Associate competencies and to train program staff. The solution was to carefully plan for specific needs at each program with the site administrators. This planning included identifying a limited number of teams who volunteered for a one or two year pilot effort to assess the goodness of fit between the model and the established program. Only two of the twenty sites were unable to continue implementation activities after initial training.

Another problem in planning involved local concerns about additional paper work and time to be required of participants. Already over-loaded with paper work and record keeping, this question was raised at every site. A parallel concern was the question of "fit" between the model's assessment instrument for developing IEPs, Functional Behavioral Assessments, Behavioral Intervention Plans and the site's district requirements. These issues of balance between model requirements, limitations in project staff, overload of staff at local sites, and their expressed needs for inservice assistance were addressed during planning with administrators at each site. In the initial inservice training with participating teams, these issues were frequently revisited. Most, but not all of the sites, were able to blend model implementation requirements with local requirements. In each instance where this did not occur, local administrators and participating teams made the decision to include the model's instruments for social-emotional-behavioral assessment as an add-on to local requirements for IEPs, FBAs and BIPs.

Turnover of staff is an on-going problem throughout the field. We encountered numerous instances of absenteeism, staff resignations during the school year, and extended illnesses both physical and mental, causing shifts in job assignments and changes in teams participating in project activities for in-depth model implementation. Site administrators expressed their concern over this dilemma, which left them with new, inexperienced or untrained replacement staff throughout the year. This situation gave rise to a need for repeated introductory training sessions on the basics of model implementation, while other team members were ready for advanced skill development. To address this issue, RAs at several sites initiated tiered inservice training with several levels of training being provided simultaneously. Also, mentoring systems were employed where more experienced teachers were paired with incoming teachers to assist in building skills in DTT practices.

Challenges in Trainers Network for On-going Outreach and Project Response

This task rapidly expanded. The major challenges have been communication, consistent data collection and funding. The importance of providing timely, on-going support cannot be underestimated. The national network extends from coast-to-coast and its members have their own set of growing needs–consultation on project proposals, evaluation and feedback on new training materials, and problem solving training issues–to list a few. The majority of network members are employed full time in very demanding positions. The issues of consistent data collection are directly tied to their finite resources in staff, time and funds to balance expectations to provide exemplary programs and document effectiveness of these programs. In some cases, the evaluation procedures the project expected were extra as they were in addition to mandated instruments.

In response to these concerns, project staff sought to develop systems to improve communication and reduce paperwork while maintaining accountability. Distance contact was

enhanced through the implementation of the RA LIST SERV which enabled members to electronically contact project staff and each other. Satellite and teleconferences were held and were very successful. Members have requested that these continue quarterly. To support timely data collection, a computerized quarterly reporting form was developed and electronically sent to Regional Associates. Cover sheets for DTORF-Rs (child data) and DTRITS (staff data) were developed and were sent to each RA as a reminder at pre-designated times. Following these contacts, phone calls were utilized and often data information, was collected over the telephone. Project staff were also sent to sites to collect data. Funding remains a challenge.

Challenges in Project Evaluation and Project Response

This management objective presented the greatest problems for the project, as we originally anticipated conducting evaluation activities with the rigor of a research project. The evaluation design proposed originally was used, but problems inherent to gathering in field-based data presented obstacles which required modifications in several of the proposed evaluation activities. Because the evaluation plan had both formative and summative aspects, evaluation was a significant time-intensive, on-going project activity. It became necessary to shift position responsibilities among project staff when the collection and maintenance of accurate field records became increasingly demanding and time consuming.

The most difficult aspect of the design to fulfill was the assurance of reliability and validity of the observational performance data collected on participating teams and the children they served. At every site, Regional Associates and project instructors reported the same types of difficulties: (a) immediate internal crisis or personnel needs drawing RA leadership trainee away from observations, tutorial feedback and/or seminar, (b) lack of substitutes/release time for participants during inservice visits by project instructors, (c) a key member of the team and/or a high number of children absent

during observation period, (d) a non-representative activity such as lunch or study hall, and/or (g) new staff.

Collection of reliable and valid data on the progress of children served during the project presented a different set of problems. One of the core requirements for model implementation is the accurate use of the DTORF-R rating procedures by the participating teams as they rate the social-emotional-behavioral development of every child in their group. The project staff did not do these ratings; the RA participated in the ratings and was expected to review each team's completed ratings for accuracy. Project staff reviewed ratings as DTORF-R data was received. If discrepancies were evident, the instructor, the RA and the team met to revisit the process and ratings. This procedure required that the project instructor to have sufficient time when on site to observe each child in the program.

The original evaluation plan specified collection of both baseline and intermittent DTORF-R measures on each child. Valid baselines were sometimes difficult to obtain from some teams because (a) they lacked a sufficient understanding of the instrument even though they had participated in the preliminary workshops (a core content requirement), (b) difficulties for project staff to obtain the basic demographic information needed (such as file access) to describe the sample population, (c) carelessly completed ratings, (e) untrained staff participating in the rating, and/or (d) incomplete ratings. Collection of valid ratings repeated throughout the school year to document progress was also difficult as children (a) moved away, (b) were newly enrolled, (c) transferred to other programs, and/or (d) were absent during the rating periods.

To assure reliability and validity of the data and confidence in the accuracy of the findings for participating teams and children, it was necessary to accept smaller numbers in the samples. While this approach may have introduced bias into the sample selection process, samples which had

reliable data were used while those with incomplete or inaccurately collected data were excluded. The smaller samples are representative of the typical participants, children served, and sites.

IMPLICATIONS FOR POLICY, PRACTICES, AND RESEARCH

The educational problem of how to provide and sustain mentally healthy learning environments that promote positive social-emotional competence has become a national educational challenge in the 21st century. About 4 million children and youth in the U.S. have mental health or behavioral problems. In schools and other settings, these problems can interfere with their own learning or the learning of others. Highly skilled and knowledgeable teachers who use positive, effective classroom practices are essential for all children.

Recommendations for the Field

The complexity of troubled young people demands an equally sophisticated, multidimensional approach with shared values and standards that transcend races and cultures. Providing for complexities involved in effective special education for this group of children and young people should be a central principle in policy and practice. Here are several recommendations that would follow from such a central principle:

1. Program missions should be grounded in a conceptual foundation of how healthy personalities and social competence develop, and include *learning, valuing, relating, behaving with responsible self-control,* and *basic thinking and problem-solving.*
2. Programs should be conducted with seamless components for mental health interventions, and include involvement with other major social institutions that shape children's lives – families, childcare, law, government, recreation, and spiritual life.

3. Assessments should be based on procedures shown to be reliable and valid for identifying child's current assets in each of the areas addressed in the scope of the intervention program and criteria for child progress should be established with defined outcomes having practical and theoretical validity.

4. In planning a child's intervention program, defined procedures should be used for gathering and analyzing past experiences to more fully understand the impact on a child's current status.

5. Advanced skill training with demonstrated proficiencies in developmentally and emotionally appropriate practices, human relationships, and sustained practice of mission standards should be required for anyone working in this field — including professionals and paraprofessionals in special education, mental health, and general education.

6. On-going inquiry into the presumed effectiveness of every practice with every student should be part of every program.

Recommendations for Effective Outreach and Technical Assistance

Project experiences, problems encountered, and feedback from Regional Associates and front-line practitioners over the past three years suggest numerous ways to assist individuals and programs at the local level in meeting the needs of this difficult-to-serve group.

1. Skilled local leadership. Though Regional Associates expressed time and opportunity concerns over their dual role of supervisors and trainers, direct service personnel stated that the availability of immediate support and feedback helped them attempt and improve their skills in model practices. Active involvement both during the instructor's site visit and during the interim between visits seemed to inspire more confidence. The greatest benefits for model implementation accrue over time as Regional Associates with high levels of proficiency and knowledge about the

model reinforce this in daily interactions with staff and children, in treatment meetings and with targeted inservice training. Finally, assessment of child progress was more accurately completed at sites where there was an active leadership person in training.

2. On-going site evaluations. Teams in intervention programs are not typically enamored of data collection processes, justifiably, as additional paper work and accuracy are necessary. However on-going evaluation of each child's progress is essential if program quality is to be maintained. We observed that teams were able to modify their day-to-day practices with more precision at sites where Regional Associates systematized and coordinated child progress data collection and encouraged program alterations based on the new information. Thus, they adjusted their practices as children made progress. In contrast, at sites where assessments were not made a priority, program practices were not as readily changed as children changed. We found that considerable outreach effort needs to be put into helping local administrators and coordinators put basic evaluation procedures in place. When local staff and parents (a) see evaluation results in formats easy-to-understand and interpret at a glance, (b) receive supportive assistance in using the results in practical ways to improve classroom conditions, and (c) are assured that their own value is not threatened by the results, there appears to be greater commitment to being a part of ongoing program evaluation. We encouraged each site to work to accumulate a database to build their own normative expectations about child progress in that program.

3. Family involvement in intervention programs. Family involvement was initially low at the participating sites, reflecting similar widespread problems in the field. When Regional Associates placed a priority on involving parents in the DTORF-R rating, they reported some change in attitudes and practices. Feedback from several Regional Associates noted that, as parents participated with their child's team in rating social-emotional-behavioral development, project participants and parents were increasingly more positive about each other and the child's potential

for progress in the program. While such highly positive changes were not evident at all sites, we believe that by putting greater emphasis on parents as team members, outreach projects can contribute significantly to enhancing constructive family involvement for a child's benefit.

Recommendations for Outreach

The degree of flexibility in current OSEP guidelines for conducting discretionary grant-funded projects is reasonable to outreach activities. We found the meetings in Washington beneficial in keeping up with current trends and new innovations — especially those that focused on our area of severe social-emotional-behavioral disabilities and technical problems of documenting intervention effects. We also found that contact with the larger national technical assistance projects were of help, especially those that came from allied fields involved with mental health or technological issues. Our grant officer was supportive and available at Director's meetings and by phone and email.

A great number of requests for on-site outreach assistance came from Regional Associates and direct service providers who wanted to see model practices in action. They expressed a need to observe model practices demonstrated effective with children who had challenging behaviors similar to the ones they experience daily. We endorse the idea that skill acquisition is easier when there are opportunities to observe and model effective practices. Whenever possible, project instructors identified staff in local programs that were demonstrating proficiency and success with model practices. We also made arrangements for a few Regional Associates and direct service providers to visit other programs out-of-state to see model practices. However, these opportunities were few because of difficulties obtaining release time, substitute teachers and funding. We experimented with satellite workshops, phone-conferencing and shared training opportunities to bring participants from other sites in contact with each other. These were always well received. The expanding technology systems available via satellite, video and electronic mediums are possible avenues to support contact

and observation opportunities; however, we found the cost of these services limited their use. Expansion of federal funding for outreach would allow for greater involvement between project participants and distance activities.

With a network of certified Regional Associates providing outreach, expanding staff development programs at their local sites and in their respective regions, continued technical assistance is required particularly with time, additional job responsibilities and staff at varying effectiveness levels. In addition, with so many competing requirements, school-wide training blocks for staff development are difficult to schedule. Should funding be secured, a project is prepared which would enable collaboration with Regional Associates to develop four easily accessible, Web based instructional modules for independent, self-paced forms of learning. The content will be organized into a three-phase sequence for increasingly advanced skills and knowledge. This will allow for a coordinated flow of assistance to Regional Associates, provide content at an individualized pace and time, assure an understanding of model content and accelerate the implementation of model practices.

In summary, this project has shown that extended on-site, in-depth, extended outreach assistance will result in improved program quality and skill acquisition by direct service providers, supervisors, coordinators, children, and their families. The lesson to be learned is that even more can be gained from these expenditures in the future if closer links are made available between an outreach project, local implementation programs, and high quality demonstration programs.

*****

Appendices

Appendix A.
Developmental Therapy - Teaching Programs
Regional Associates Network

Appendix A.
Developmental Therapy - Teaching Programs
Regional Associates Network

Name	Position	Location	Certification
George Andros	Consultant	Dalton, Georgia	National Instructor
Paul Baker	Director, SEBD Regional Program	Canton, Georgia	RA in Training
Gail Black	Behavior Specialist/Staff Trainer	Summerdale, Pennsylvania	RA in Training
Judith Bondurant-Utz	Professor, Exceptional Education Department	Buffalo, New York	Regional Associate Instructor
Whitney Braddock	Coordinator/Supervisor	Jesup, Georgia	RA in Training
Dan Burns	Director, Hospital Educational Program	Atlanta, Georgia	National Instructor
Charleen Cain	ED/BD Teacher/Consultant	Waldoboro ME	Regional Associate Instructor
Patricia Copeland	Mental Health Specialist	Port Townsend, Washington	Regional Associate Instructor
Andrea Criste	Supervisor/Staff Trainer	Forest Park, Georgia	Regional Associate Instructor
Sandra Davis	Program Coordinator	Berea, Kentucky	Regional Associate Instructor
Helen Eberlein	Elementary Coordinator	Union City, Georgia	Regional Associate Instructor
Cynthia Edwards	Resource Consultant/Music Therapist	Cleveland, Ohio	Regional Associate Instructor
Susan Galis	Special Education Director	Jefferson City, Georgia	National Instructor

Name	Position	Location	Certification
Andrea Gillen	Consultant	Columbus, Georgia	Regional Associate Instructor
Barry Ginnis	Program Director, Group Homes	Positive Education Program, Cleveland, Ohio	Regional Associate Instructor
Kim Henderson	Program Director, Group Homes	Lexington, Kentucky	Regional Associate Instructor
Dorothy Hollenbeck	Consultant	Port Townsend, Washington	National Instructor
Kelley Simmons Jones	Director	Rainier, Washington	Regional Associate Instructor
Scotty Jones	Early Childhood Program Director	Rainier, WA	Regional Associate Instructor
Betty Martin	Autism Coordinator	New Carrollton, Maryland	National Instructor
Pamela Massingale	Coordinator	Dalton, Georgia	RA in Training
Bonnie McCarty	Special Education Professor and Graduate Coordinator	Charleston, South Carolina	National Instructor
Rosalie McKenzie	Consultant	Lexington, Georgia	National Instructor
Doug Mills	Supervisor	Forest Park, Georgia	RA in Training
Linda Middleton	Executive Director	Forks, Washington	Regional Associate Instructor
Jeannie Morris	Supervisor/Coordinator	Baxley, Georgia	RA in Training
Eve Mullin	Supervisor	Trumbull, Connecticut	Regional Associate Instructor
Billie Navojosky	Program Coordinator Early Intervention Center	Cleveland, Ohio	Regional Associate Instructor

Name	Position	Location	Certification
Mary Perkins	State Early Childhood Coordinator	Olympia, Washington	Regional Associate Instructor
Pam Spinner	Coordinator	Cleveland, Ohio	Regional Associate Instructor
Faye Swindle	Consultant	Athens, Georgia	National Instructor
Suzan Wambold	MSW, School Counselor	Tacoma, Washington	Regional Associate Instructor
Wendy Watts	School Psychologist	Madisonville, Kentucky	Regional Associate Instructor
Leslie Camens Westmoreland	Elementary Coordinator/Supervisor	Savannah, Georgia	RA in Training
Geri Williams	Consultant/Art Therapist	Castleberry, Florida	National Instructor
Sara Williams	Consultant/Classroom Teacher	Darien, Georgia	National Instructor

Appendix B.
Minimum Requirements for a Regional Associate Instructor to Maintain Certification for Instruction in Developmental Therapy-Developmental Teaching

Appendix B.
Minimum Requirements for a Regional Associate Instructor
to Maintain Certification for
Instruction in Developmental Therapy-Developmental Teaching

Part 1: Training and Certifying Practitioners to Work with Troubled Children and Youth

1.1 Instruct practitioners in the accurate use of the *DTORF-R* assessment instrument to assess students' social-emotional-behavioral status, following rating procedures as outlined by the Developmental Therapy - Teaching Programs.

1.2 Instruct practitioners to select individual student's program/treatment objectives based on the *DTORF-R* results, using these results to plan and conduct therapeutic programs that foster students' social-emotional growth and responsible behavior.

1.3 Certify practitioners' proficiency with the *DTORF-R* using standards established by the Developmental Therapy - Teaching Programs for reaching proficiency with three age groups: Children below age 6, children ages 6 to 12, and adolescents above age 12.*

1.4 Instruct practitioners to use the *DTORF-R* results as the foundation for selecting specified behavioral interventions (management strategies) that will be used with each student.

1.5 Instruct practitioners in basic theoretical content areas contained in the *Developmental Therapy - Developmental Teaching* textbook: *Developmental stages of social-emotional-behavioral development, developmental anxieties, the existential crisis, decoding behavior, developmental values/motivations, social roles, social power*, and *group dynamics* (the latter 3 topics for those in training to work with children above age 9).

1.6 Instruct practitioners in team roles and skills needed for implementing Developmental Therapy - Teaching (see Chapter 7 in the *Developmental Therapy - Developmental Teaching* textbook).

Part 2: Training and Certifying Practitioners in the Identified Teaching Skills Needed for Implementing Developmental Therapy - Teaching

2.1 Teach practitioners to use the *Developmental Therapy Rating Inventory of Teacher Skills* (*DTRITS*) for self-monitoring their own skills in demonstrating Developmental Therapy - Teaching practices.

2.2 Certify practitioners' proficiency with Developmental Therapy - Teaching practices using standards established by the Developmental Therapy - Teaching Programs for evaluating their performance on the *DTRITS.**

2.3 Instruct practitioners in ways to successfully involve families, general education teachers, and other community resources in each student's program.

2.4 Instruct practitioners to develop an evaluation plan to monitor, document, and report on each student's progress on the *DTORF-R* at repeated times during the school year.

2.5 Certify those who meet the standards established by the Developmental Therapy - Teaching Programs (as designated by the asterisks) and any other additional standards established by the Developmental Therapy - Teaching Programs, using an approved version of the Developmental Therapy - Teaching Programs Certificate.

Part 3:

3.1 Participate in the network for on-going communication and support between the Developmental Therapy - Teaching Programs, certified National Instructors, certified Regional Associate Instructors, and the certified practitioners.

3.2 Participate in a re-certification training sequence for certified instructors and practitioners every five years.

3.3 Use the Developmental Therapy - Teaching logo on all relevant materials.

3.4 Provide a minimum of one Developmental Therapy - Teaching presentation at local, regional and/or national conference a year.

3.5 Provide the Developmental Therapy - Teaching Programs with copies of all training materials developed, with appropriately marked source and copyright information.

3.6 Prepare an annual report for the Developmental Therapy - Teaching Programs including documentation of items marked with an asterisk (*) above. This report will be used for re-certification of Instructors every five years.

Appendix C.
Workshops and Presentations

Appendix C.
Workshops and Presentations

Workshop/Presentation Location and Dates	DT-TP Staff	Regional Instructors	Participants	Title of Presentation	Total Evaluation Scores
Washington Association for the Education of Young Children 10/1/99		Mary Perkins	40		4.57
Forming & Framing Relationships for Children & Youth Spokane, WA 10/6/99	Constance Quirk		19	DT-DT	4.27
Forming & Framing Relationships for Children & Youth Spokane, WA 10/7/99 - 10/9/99	Constance Quirk	Pat Copeland Muazzez Erin	20	DT-DT	4.64
North East Georgia RESA 10/8/99	Susan Galis		32	New Special Education Teacher Training	4.75
Foster Care Conference Yakima, WA 10/14/99		Patty Orona Jane Butler-Nix	22	Foster Care Conference	4.46
Child Study & Treatment Center Tacoma, WA 10/18/99	Faye Swindle	Kelley Jones	23	Promoting Social-Emotional Growth with Developmental Therapy-Teaching	4.69
Warner Robins Air Force Base Warner Robins, GA 10/22/99	Susan Galis	Andi Gillen	9	Underlying Anxieties; Defense Mechanisms, Use the DTRITS using Joey Tape	4.69
Regional Intervention Program Expansion Conference Nashville, TN 11/3/99 - 11/5/99		Billie Navojoski	9	DTTP: 14 Guidelines for Promoting Success	4.72
Learning Tree Bremerton, WA 11/18/99 - 11/20/99	Constance Quirk	Pat Copeland Dan Kettwig	27	DTTP History & Overview	4.57
New Special Education Teacher Training North East Georgia RESA 12/3/99	Susan Galis		34	Behavior Management	4.76

Workshop/Presentation Location and Dates	DT-TP Staff	Regional Instructors	Participants	Title of Presentation	Total Evaluation Scores
15th Annual DEC International Early Childhood Conference Washington, D. C. 12/9/99	Constance Quirk	Billie Navajoski	41	Getting to the Heart of Difficult Behavior: Management That Heals	4.53
South Metro Atlanta, GA 1/14/00	Constance Quirk		9 7	Stages 1 & II Stages III & IV	4.76 4.89
St. Croix River Educational District St. Cloud, MN 1/18/00	Bonnie McCarty*		36	DTORF-R Overview	4.42
MSAD #40 Waldoboro, MA 1/18/00	Constance Quirk	Charleen Cain	20	Decoding Behavior	4.67
Dessie Scott Children's Home Pine Ridge, KY 1/27/00	Bonnie McCarty*		32	Developmental Therapy-Teaching Introduction	4.81
CES Trumbull, CT 2/4/00	Rosalie McKenzie		33	Staff Development	4.88
CESA 7 & 8 RSN Green Bay, WI 2/11/00	Bonnie McCarty*		57	Regional Intervention Program	4.43
Beacon Central Utica, KY 3/1/00 - 3/2/00	Faye Swindle Constance Quirk	Wendy Watts Pamela Fox	18	Developmental Therapy-Teaching Workshop	4.40
Miller School - AM Waldoboro, MA 3/10/00	Constance Quirk	Charleen Cain	19	Positive Behavior Management	4.75

Workshop/Presentation Location and Dates	DT-TP Staff	Regional Instructors	Participants	Title of Presentation	Total Evaluation Scores
Miller School - PM Waldoboro, MA 3/10/00	Constance Quirk	Charleen Cain	18	Positive Behavior Management	4.74
Barrow County Winder, GA 3/10/00	Susan Galis		7	DTORF-R Training	5.00
Embracing Early Childhood Conference Wenatchee, WA 3/25/00		Mary Perkins	41	Using Development to Understand Behavior	No Evaluations
Infant & Early Childhood Conference Yakima, WA 5/4/00		Patty Orona Jane Butler-Nix		Effective Management Strategies & Adult Roles for Early Childhood Development	No Evaluations
CCBD Conference Workshop Biloxi, MS 5/4/00 - 5/5/00	Betty DeLorme		48	Q & A Session on DT-T	3.51
Introduction to DT-T Mountainbrook, AL 6/15/00		Andi Gillen	11	Overview of DT-TP	4.82
Olympic College Bremerton, WA 9/21/00		Pat Copeland	12	Developmental Anxieties of Preschool Children	4.38
Black Hills Seminars Rapid City, SD 6/23/00 - 6/28/00	Constance Quirk Susan Galis Bonnie McCarty* Geri Williams*	Kelley Jones Scotty Jones Sandy David Pamela Fox Kim Henderson Scott Smith	75	•The Theoretical Foundations of the DT-T Model •Putting the DT-T Approach into Practice •Is the Sheriff Here? Building Appropriate Relationships •From Longing to Belonging •Tapping into Meaning Without a Hammer! The Secret of Life of the Young and the Restless	3.90 4.65 4.42 4.05

Workshop/Presentation Location and Dates	DT-TP Staff	Regional Instructors	Participants	Title of Presentation	Total Evaluation Scores
OSEP Research Project Directors' Conference Washington, D. C. 7/12/00 - 7/14/00	Constance Quirk Diane Wahlers		15	Evaluating Outreach Program Effectiveness	
Epworth-Georgia Psychoeducational Network Conference St. Simons Island, GA 7/27/00- 8/5/00	Constance Quirk Susan Galis Bonnie McCarty*	Susan Macken Charleen Cain Andye Criste	90	•DT-DT: A Framework for Contemporary Psychoeducation •DT-DT: Now More than Ever •Emotionally Healthy Practices - Using What We Know to Stimulate the Learning Experience	No Evaluations
Special Education Connections Summer Academy Wenatchee, WA 7/30/00 - 8/4/00	Faye Swindle Sara Williams*	Mary Perkins Nancy Wheeler Dan Kettwig	20	•DT-T for Students with Social-Emotional Problems •Theory and Beliefs which Form the Foundation of DT-T	No Evaluations
South Metro Atlanta, GA 8/8/00	Constance Quirk	Helen Eberlein	21	Introduction to DT-DT Approach	4.79
Atlanta Area Regional Training Atlanta, GA 8/9/00 - 8/10/00	Constance Quirk Susan Galis Rosalie McKenzie	Helen Eberlein Doug Mills	21	•Introduction to DT-DT Approach •Put the Curriculum into Practice: Get Started the First Day and Keep Going •After the Basics are Mastered - Expand Your Skills for Decoding	4.79 4.76 4.81
Concerned Citizens/Sunshine & Rainbows Forks, WA 8/29/00		Linda Middleton	19	DTORF-R Workshop	4.90

Workshop/Presentation Location and Dates	DT-TP Staff	Regional Instructors	Participants	Title of Presentation	Total Evaluation Scores
Early Childhood Institute 2000 Tifton, GA 9/9/00	Diane Wahlers		15	Getting to the Heart of Difficult Behavior	4.14
Early Childhood Institute 2000 Atlanta, GA 9/16/00	Rosalie McKenzie		20	Getting to the Heart of Difficult Behavior	4.37
5th Annual Conference on Advancing School-Based Mental Health Programs Atlanta, GA 9/22/00 - 9/23/00	Constance Quirk	Larry Beye Susie Sarachman	8	DT-T and the Youth Enhancement Program	4.17
The International Adolescent Conference, Preparing for a New Century Portland, OR 11/1/00 - 11/4/00	Bonnie McCarty*		10	Fueling the Emotional Memory Bank	No Evaluations
Gateway-Longview Therapeutic Preschool Bowmansville, NY 11/15/00 - 11/17/00	Rosalie McKenzie	Judy Bondurant-Utz		Workshop & Program Development	No Evaluations
Division of Early Childhood Conference Albuquerque, NM 12/7/00 - 12/10/00	Rosalie McKenzie	Judy Bondurant-Utz	88	Research to Practice: Building Successful Models	4.69
Hopkins County Madisonville, KY 1/4/01 - 1/6/01	Constance Quirk Rosalie McKenzie			Competencies & Evaluation Sources for Leadership Participants in Training Trainers Program	No Evaluations
East Shore Center SERRC Kurtland, OH 1/12/01 & 1/19/01 2/2/01 3/9/01		Barry Ginnes Cindy Edwards	7	DT-DT	4.96

Workshop/Presentation Location and Dates	DT-TP Staff	Regional Instructors	Participants	Title of Presentation	Total Evaluation Scores
Region IV Quality Improvement Center for Disability Services in Head Start Atlanta, GA 4/4/01 - 4/6/01	Faye Swindle	Pamela Fox	38	DT-DT	4.24
Millinocket School Department Millinocket, ME 5/10/01	Constance Quirk	Charleen Cain	41	Introduction to DT-DT	4.48
National Head Start Association 28th Annual Conference Orlando, FL 5/16/01 - 5/19/01	Rosalie McKenzie			I Did It! Keep Doing It! - Using DT-T to Promote Successful Outcomes for Every Child	No Evaluations
Murdock House Winchester, KY 5/21/03		Kim Henderson	5	Using Assessment Tool - DTORF-R	5.0
National Summit - IDEA Washington, DC 6/23/01	Faye Swindle Rosalie McKenzie Betty Martin*		15	Creating Emotionally Healthy Learning Environments for Young Children	3.22
Black Hills Seminars Rapid City, SD 6/28/01 - 7/2/01	Constance Quirk Faye Swindle Bonnie McCarty*	Dan Burns Andye Criste Sandra Davis Helen Eberlein Kim Henderson Richard Word		•Reclaiming Challenging Youth •Would You & DT-T be a Happy Couple •Therapeutic Journeys with Youth: Knowing Where, When & How •You've Gotta Have Heart	5.0 4.02 4.11 4.85
South Metro - Ash Street Forest Park, GA 7/25/01 - 7/26/01	Constance Quirk Faye Swindle		19	Healthy Social-Emotional Development: A Powerful Tool for Intervention	4.63
Capital Area Intermediate Unit Summerdale, PA 7/31/01 - 8/1/01	Constance Quirk Bonnie McCarty*		25	The Goal is Social-Emotional Development: Set the Stage for Success	4.91

Workshop/Presentation Location and Dates	DT-TP Staff	Regional Instructors	Participants	Title of Presentation	Total Evaluation Scores
Epworth: 2001GA Psychoeducational Network Conference St. Simons, GA 8/2/01 - 8/4/01	Rosalie McKenzie Debbie Huth Betty DeLorme Sara Williams*	Pam Spinner Wendy Watts Helen Eberlein	8 20	Advantages & Challenges to Implementing DT-T Planning the Therapeutic Journey with Children	4.17 4.47
Pre Planning Workshop Madisonville, KY 8/8/01 - 8/9/01		Wendy Watts	41	Developmental Therapy	4.90
The Pressley Ridge Rally Athens, OH 8/15/01		Andrea Gillen	33	I Did It! Keep Doing It! Using DT-T to Promote Successful Outcomes	4.18
SP in VIP International Conference Dundee University, Scotland 9/21/01 - 9/22/01	Constance Quirk	Sandy Davis Kim Henderson	17	Using VAC to Enhance Inservice Training in DT-T	4.60
South Metro - Ash Street Forest Park, GA 10/01/01	Constance Quirk	Helen Eberlein Doug Mills	13	DT-T: Activities & Materials	4.50
Coastal GA Comprehensive Academy Savannah, GA 10/15/01	Constance Quirk Faye Swindle		40	The Power of Reading Children Developmentally	4.63
Gateway-Longview Hamburg Group Bowmansville, NY 10/24/01	Rosalie McKenzie	Judy Bondurant-Utz	15	Introduction to Developmental Therapy	4.38
CASA Training Washington 10/30/01		Kelley Jones	6	CASA Training	4.94
Sunshine & Rainbows Forks, WA 11/01/01		Linda Middleton	19	DT-T Training	4.88

Workshop/Presentation Location and Dates	DT-TP Staff	Regional Instructors	Participants	Title of Presentation	Total Evaluation Scores
Ohio Department of Education, Office of Early Education Conference Columbus, OH 11/06/01		Billie Navajosky	135	Getting to the Heart of Difficult Behavior	No Evaluations
Sharing Horizons 2001 Conference Yakima, WA 11/15/01	Faye Swindle	Mary Perkins	13	Peter Rabbit Does Developmental Therapy	4.31
CAIU Houlton, Maine 11/19/01 - 11/21/01	Rosalie McKenzie		20	Introduction to DT-T	4.53
South Metro Ash Street Center Forest Park, GA 1/15/02	Constance Quirk	Andye Criste**	3	Applying Practices in the Classroom	
DT-DT Childcare Training Project Olympia, WA 1/26/02 - 1/29/02		Kelley Jones Scotty Jones Mary Perkins Suzan Wambold	30	•A Training-Coaching Model for Improving Adult-Child •Interactions in Child Care Settings	No Evaluations
GSAMS Training 1/30/02	Faye Swindle Dan Burns	June Duffy Daryl McAleese Pam Rider Whitney Braddock Alex Jordan Jeannie Morris Leslie Westmoreland	23 (4 sites in GA)	Using the Developmental Teaching Objectives Rating Form-Revised	4.49
South Metro Flat Shoals Center Union City, GA 2/4/02 - 2/5/02	Constance Quirk	Helen Eberlein**	9	Applying Practices in the Classroom	No Evaluations
Coastal GA Comprehensive Academy Savannah, GA 2/8/02	Dan Burns	Leslie Westmoreland**	3	Applying Practices in the Classroom	No Evaluations

Workshop/Presentation Location and Dates	DT-TP Staff	Regional Instructors	Participants	Title of Presentation	Total Evaluation Scores
GSAMS Training Athens, GA 2/20/02	Faye Swindle Dan Burns	June Duffy Daryl McAleese Pam Rider Whitney Braddock Alex Jordan Jeannie Morris Leslie Westmoreland	22	Using the Developmental Teaching Objectives Rating Form - Revised (DTORF-R)	4.52
DT-DT Childcare Training Project Olympia, WA 3/21/02	Faye Swindle	Kelley Jones Scotty Jones Mary Perkins Suzan Wambold	28	A Training-Coaching Model for Improving Adult-Child Interactions in Child Care Settings	
Child Care Training Project Olympia, WA 3/23/02		Mary Perkins	28	DT-T/Childcare Training Project	4.67
Cedarwood Psychoed Programs Jesup and Baxley Centers Jesup and Baxley, GA 3/28/02 - 3/29/02	Dan Burns	Whitney Braddock Jeannie Morris	9	Applying Skills in Classroom Practice	
GA Association of Homes & Services for Children Jekyll Island, GA 4/23/02 - 4/25/02	Constance Quirk	Andye Criste	20 28	LSCI Turning Crises into Learning Opportunities	4.67 4.67
Augustana College Sioux Falls, SC 4/19/02 0 4/20/02	Constance Quirk Bonnie McCarty*		22	The Goal is Social-Emotional Development: Set the Stage for Success	4.69
GSAMS Athens, GA 4/24/02	Faye Swindle Dan Burns	Witney Braddock Alex Jordan	18	Role of DT Objectives in Building Social-Emotional Competence	4.46

Workshop/Presentation Location and Dates	DT-TP Staff	Regional Instructors	Participants	Title of Presentation	Total Evaluation Scores
Black Hills South Dakota 6/26/02 - 6/30/02	Constance Quirk Bonnie McCarty* Dan Burns*	Whitney Braddock Jeannie Morris Helen Eberlein	13 18 20	•Expand your Reclaiming Skills: Unlocking the Treasures Within •Therapeutic Journeys with Youth: Knowing Where, When & How •Let the Chips Fall Where They May! Management is More than A Game of Chance	4.90 3.90 4.00
Cedarwood Psychoed Program Claxton, GA 7/23/02		Whitney Braddock Jeannie Morris	12	Normal Stages of Development	4.92
GA Psychoeducational Network Conference St. Simons, GA 8/2/02 - 8/3/02	Dan Burns	Leslie Camens	16 15	Session 1 - DT: A Brief Overview & Success Stories Session 2	4.65 4.64
GA Psychoeducational Network Conference St. Simons, GA 8/3/02	Constance Quirk	Andye Criste	44	LSCI: Turning Crisis Into Learning Opportunities	4.70
South Metro - Ash Street Forest Park, GA 7/22/02 - 7/23/02		Helen Eberlein Doug Mills	18	Understanding & Using the DTORF-R to Structure the Class/Decoding Behavior	4.75
Cedarwood Psychoed Program Claxton, GA 8/6/02		Whitney Braddock Jeannie Morris	23	Normal Stages of Development	4.84
Mountainbrook Dalton, GA 8/7/02	Constance Quirk		18 27 13	Making DT-T Work for Your Classroom: Session 3 Session 2 Session 1	4.91 4.83 4.67

Workshop/Presentation Location and Dates	DT-TP Staff	Regional Instructors	Participants	Title of Presentation	Total Evaluation Scores
Olympia School District Olympia, WA 8/26/02 - 8/27/02	Rosalie McKenzie			Introduction to Developmental Therapy	4.30
Cedarwood Psychoed Program Claxton, GA 8/27/02		Whitney Braddock Jeannie Morris	11	Normal Stages of Development	4.70
Child Care Training Project Olympia, WA 9/7/02		Mary Perkins	28	DT-T: Childcare Training Project	4.67
Jefferson Mental Health Services Port Townsend, WA 9/8/02 - 9/9/02	Constance Quirk Faye Swindle	Pat Copeland	15 31	Help Me Believe in Myself: An Introduction The DTORF-R: A Developmental Map for Therapeutic Journeys	4.71 4.67
Cedarwood Psychoed Program Jessup, GA 9/23/02		Whitney Braddock Jeannie Morris	15	Management Strategies: Calming the Stormy Seas	4.71
Pathways Educational Program Thomasville, GA 10/4/02	Constance Quirk		19	Developmental Therapy-Teaching Helps You Help Troubled Kids	4.01
Cedarwood Psyehod Program Statesboro, GA 10/4/02		Whitney Braddock Jeannie Morris	19	Management Strategies	4.86
Gateway Therapeutic Preschool Bowmansville, NY 10/23/02 - 10/25/02	Rosalie McKenzie			DT-T Helps You Help Children	
Mountainbrook Psychoed Program Dalton, GA 12/10/02	Constance Quirk			Supervising and Supporting Teachers in a Therapeutic Classroom	

* DT-TP National Trainer/Consultant to DT-TP
** Presented feedback independently in workshop format

Appendix D.
Focus Agendas for Teleconferences

Appendix D.
Focus Agendas for Teleconferences

Focus Agenda, Conference #1
November 25, 2002, 2:00 - 3:00 p.m. EST/11:00-noon PST
The integration of creative, purposeful activities designed to meet children's needs for emotional/social and academic progress

Greetings from Bonnie McCarty, chairing this telephone conference:

In this hour let's focus our conversation on experiences and observation we have had as we support staff in integrating DTT concepts and practices, particularly purposeful creative activities in their classroom or program environments.

Let's begin by taking a moment to introduce ourselves, identify the program we are working in, and describe our program and the staff we are training.

It is helpful to others if you will give your name as you contribute to a discussion. Then, at the end of the hour, sign off by name when you hang up. In that way we will know when everyone is off-line.

We'll divide the hour into three topics:

TOPIC ONE: (about 20 minutes) LET'S HEAR ABOUT GENERAL EXPERIENCES YOU HAVE HAD SUPPORTING PRACTITIONERS WITH INTEGRATING CREATIVE ACTIVITIES.

What have you done as trainers to try to get others to think about using creative activities throughout their instruction?

How have you introduced this idea and what have peoples' responses been?

Have people identified content areas that are more/less conducive to this integration?

TOPIC TWO: (about 20 minutes) LET'S DISCUSS THE KEY IDEA TO DTT—THAT IS THE PURPOSEFUL PLANNING BASED ON IDENTIFIED DTORF-R OBJECTIVES.

What have you done to help people make the connection between identified need based on the DTORF-R objectives students are working on and the design of the activities?

Have you noticed successes and/or problems with people in their efforts to make this connection?

What techniques have you used to emphasize activities that encourage all aspects of social-emotional development, i.e. communication, socialization, as well as behavior and academics?

TOPIC THREE: (about 20 minutes) LET'S TALK ABOUT HOW WE BUILD CONFIDENCE / SKILL / WILLINGNESS TO INTEGRATE DTT.

Have you noticed any developmental processing in your trainees to this approach?

Are there observable steps in trainees—what they need to begin and how they progress?

Have the materials you've been provided supported your efforts?

Have you developed materials yourself?

FINAL QUESTION: How can the Developmental Therapy – Teaching Programs at the University of Georgia continue to support you in your training efforts?

Remember to mark your calendars for the next phone conference— Dec. 3, 2002, 2:00 - 3:00 p.m with Peg Wood: Successes and Stumbling Blocks in Training Others to Use Developmental Therapy-Teaching Practices. You will receive another e-mail about it and the focus for that conversation. In the meantime, let us hear from you if you have particular questions or topics you want to bring up at that time!

Please sign off by name when you hang up. In that way we will know when everyone is off-line.

Focus Agenda, Conference #2
Dec. 3, 2002, 2:00 - 3:00 p.m. EST/11:00-noon PST
Successes and Stumbling Blocks in Training Others to Use Developmental Therapy-Teaching Practices

Greetings from Peg Wood, chairing this telephone conference.

In this hour let's focus our conversation on how we go about training others to use the practices and concepts of Developmental Therapy-Teaching.

We'll begin with a "roll call", to introduce ourselves, identify the program we are working in, and describe our staff training responsibilities.

The first phone conference with Bonnie McCarty was a rich sharing of experience and talents. To build on that, we will divide the hour into two topics:

TOPIC 1. (about 30 minutes) LET'S HEAR FROM EACH OF YOU ABOUT YOUR APPROACH TO TRAINING STAFF:

What are you trying to help your trainees learn?

How do you go about selecting the people and content for your training?

What strengths or skills do your trainees usually have before you begin training?

What seems to be the most difficult thing for them to catch-on to?

How do you deal with staff turnover and training new staff?

How do you maintain quality practices of your trainees during a school year?

TOPIC 2. (About 30 minutes) AS A TRAINER, HOW DO YOU PERSONALIZE YOUR OWN TEACHING STYLE TO SEE RESULTS IN STAFF PERFORMANCE?

What techniques have you used with practitioners to emphasize activities that encourage all aspects of social-emotional development, i.e. communication, socialization, as well as behavior and academics?

What do you do to get their attention and buy-in to what you are presenting?

What skills of your own do you rely on for effective training of others?

How do you know when your trainees are connecting with the content?

How do you handle mistakes trainees make in applying the content?

Do you have to balance debriefing feedback with staff performance evaluations?

What skills of your own are you trying to improve?

FINAL QUESTION: How can the Developmental Therapy – Teaching Programs at the University of Georgia continue to support you in your training efforts?

Again, it is helpful to others if you will give your name as you contribute to a discussion. Then, at the end of the hour, sign off by name when you hang up. In that way we will know when everyone is off-line.

Also, remember to mark Thursday, December 12 on your calendar for the last phone conference, chaired by Dan Burns. You will receive another e-mail about it and the focus for that conversation. In the meantime, let us hear from you if you have particular questions or topics you want to bring up at that time!

Focus Agenda, Conference #3
Dec. 12, 2002, 2:00 - 3:00 p.m. EST/11:00-noon PST
The DTORF-R: Helping Teachers use the DTORF-R to create a therapeutic instructional environment—What's worked?.

Greetings from Dan Burns, chairing this telephone conference.

In this hour let's focus our conversation on how we go about training others to assess students with the DTORF-R and use this information in their classroom programs.

We'll begin with a "roll call", to introduce ourselves, identify the program we are working in, and describe our staff training responsibilities.

The first two phone conferences with Bonnie McCarty and Peg Wood were a rich sharing of experience, talents, and ideas. To build on that, we will divide the hour into two topics – TEACHING THE INSTRUMENT and SUPPORTING THE UTILIZATION OF DTORF-R INFORMATION IN PROGRAM PLANNING AND CLASSROOM PRACTICES.

It is helpful to others if you will give your name as you contribute to a discussion.

TOPIC 1. (about 30 minutes) AS A TRAINER, LET'S HEAR FROM EACH OF YOU ABOUT YOUR EXPERIENCES WITH TRAINING STAFF in the DTORF-R.

Who have you trained?

How have the sessions gone?

How do you know when your trainees are connecting with the content?

What seems to be the quickest part for trainees to catch on to?

What seems to be the most difficult part for them to catch-on to?

Have the materials you've been provided supported your efforts?

Have you developed materials yourself?

TOPIC 2. (About 30 minutes) HOW DO YOU ASSIST TRAINEES IN UTILIZING A DTORF-R PROFILE (GROUP PROFILE) FOR CLASSROOM PLANNING AND PRACTICES?

How have you seen your trainees utilize DTORF-R information?

What seems to be their biggest successes?

Are there some content areas in which it is easier to address DTORF-R objectives?

Which areas are most difficult?

What do you do to assist trainees to learn to focus on their students' DTORF-R objectives?

How do trainees incorporate this topic in their debriefings?

FINAL QUESTION: How can the Developmental Therapy – Teaching Programs at the University of Georgia continue to support you in your training efforts?

Also, we are interested in your thoughts on how these phone sessions have gone and your interest in continuing them. You will receive an on-line evaluation in early January for this. In the meantime, let us hear from you if you have particular questions! Sign off by name when you hang up. In that way we will know when everyone is off-line.

Appendix E.
Summary of Evaluation Data Sources and Performance Standards

Appendix E.
Summary of Evaluation Data Sources and Performance Standards

Direct Service Providers and Parents					
Competencies	**Evaluation**	**Data Source**	**Data Type**	**Subjects**	**Standards**
Understanding adult roles in social-emotional development of students	Informal focus group	Audio/video tape	Ethnographic narrative analysis	Self-selecting participants and parents	Indicators of practice/adoption of effective adult roles in service setting/home
Demonstrating skills for using model procedures in service setting/home	Observation, inventory of skills	DT/RITS	% Mastery	All participants	70% Mastery of skill items at post-test
Positive perceptions of value of outreach assistance	Checklist, open-ended questions	Questionnaire	Nonparametric summary	Participants, parents	75% Positive statements of project services
Positive perceptions of own skills and impact on students	Checklist, open-ended questions	Questionnaire	Ethnographic summary	Participants, parents	75% Positive statements

Students with Social-Emotional-Behavior Disabilities					
Competencies	**Evaluation**	**Data Source**	**Data Type**	**Subjects**	**Standards**
Effects on IEP goals for social-emotional competence and responsible behavior	Developmental ratings for social-emotional-behavioral competence	DTORF-R (pre-test and post-test)	Interval, developmental age scores	All participating students	Statistically significant gain scores
Effects on students' academic skills	Achievement on academic tasks	Standard measures used in school setting	Standardized achievement scores or IEP goals	Randomly selected students	Average or better progress against norms; incremental gain in academic goals

Participating Sites					
Competencies	**Evaluation**	**Data Source**	**Data Type**	**Subjects**	**Standards**
Support elements for a quality replication	Checklists	Administrative Checklist	Noparametric summary	Site administrators and project staff	Meet 7 essential elements of site implementation and administrative support elements provided

Appendix F.
DTORF-R Qualitative Control
AGE - STAGE Congruity

Appendix F.
DTORF-R Qualitative Control
AGE - STAGE Congruity

Age	*Rule*	
2 - 0 to 5 - 11 years (24 months - 71 months)	No more than: • two checks in Stage III for Behavior, Communication, and Socialization • four checks in Stage III for Academics/Cognition	No checks beyond: • B16, C16, S20 • A/C 35
6 - 0 to 8 - 11 years (72 - 107 months	No more than: • three checks in Stage IV for Behavior, Communication, and Socialization • four checks in Stage IV for Academics/Cognition	No checks beyond: • B24, C25, S30 • A/C52
9 - 0 to 11 - 11 years (108 - 143 months)	• No x's in Stage I • No x's or checks in Stage V	
12 - 0 and above (144+ months)	• No x's in Stage I or II.	

Appendix G.
Evidence of Extended Training

Subject: **Using DT-DT in courses**
Date: Sat, 22 Feb 2003 09:14:58 EST
From: RussUtz@aol.com
To: cquirk@arches.uga.edu

Connie,
I currently am using DT for teaching my course Models of Classroom Discipline which is a required graduate course in the Severe ED annotation. Students in this course are teaching or want to teach in classes or schools for children with more severe ed problems. Ages of their kids include the entire range. My enrollment is approximately 25 per year--offered every spring. This semester I am using the DT book as my text along with Charles' Building Classroom Discipline. The Wood and Long Life Space Crisis Intervention is on reserve for them to use. We begin with DT approach and they are required to do a DTORF and DT/RITS. At the end of the course they write a paper which outlines their approach to discipline. If you would like any of the assignments, I could send them to you.

The other way that I will be using DT is in my early childhood special education coursework. In the fall, I will be teaching a graduate course which I wrote based on DT. It is called "Managing the Behavior of Young Children." I have the course proposal but I am just beginning to generate ideas. I usually have about 10 or so students in my classes. Some of the Gateway folks are my graduate students will be in my course. Pam Rouse at Gateway has offered that I can hold some of my classes at their site so that the students can see how to set up Stage 1-3 classrooms. This is about as far as I am with the planning right now. If you need more info, I can respond to questions.

Needless to say, DT-DT pervades every course I teach and all of my supervision. I don't use the DT/RITS on a regular basis because the department has certain required forms. I will be using it with my early childhood graduate students in the future when the course is being offered.

I have also submitted a proposal for a blended undergraduate program in early childhood and early childhood special education. This is under review by the college and eventually the SUNY Regents. When approved, it will use the DT approach as its basis. Needless to say--I need all of the teaching materials you can supply for me.

Enough. Judy.

First draft: 8/8/02 Pat Copeland

Teaching Teams – Intensive Training

Educators and Therapists involved in treatment of emotionally disturbed children may qualify for extended training in **Developmental Therapy – Teaching**. This training to include:

- Individualized On-Site Training
- Observation & Consultation
- Instruction in Assessment
- Mentoring in Implementation

A 10 month program to achieve mastery of skills.

Training will consist of **four** on-going components:

1. **Group Seminars, off site.**
2. **DTORF-R Assessment and Implementation Training , on-site**
3. **Observation/Consultation using the DTRITS, on site.**
4. **Reading assignments and tests to help participants self-evaluate mastery of knowledge basis of program.**

Group Seminars

Introductory Session: 14 hours, September 8th and 9th 2002
Six 3 hour training seminars throughout the school year.

Participants will be assigned reading to *precede* each seminar. A test will be included at the closing of each seminar so teams can *self-evaluate* their progress in mastering the knowledge component of the program.

DTORF-R Assessments and Implementation

Trainer will co-lead DTORF-R assessments on at least 2 children in their program 3 times during school year approximately 3 months apart.
Trainer will provide consultation with Teaching Team for planning activities and opportunities to teach goals identified in these assessments.

Observation and Consultation:

Trainer will observe program a minimum of 4 times during the school year.
Feedback sessions with the treatment/teaching team will follow;
The **DT/RITS** (Developmental Therapy Rating Inventory of Teacher Skills) will be used at the first and last observation to evaluate and train teaching team in skills necessary to support children's social-emotional development. Teams will use the DT/RITS to self evaluate and work toward mastery of teaching skills. Results of DT/RITS evaluation will be *confidential shared only with trainer and treatment team.*

Foot note: We are anticipating 2 – 5 teams from Port Townsend and Chimicum School Districts.

Training Time Line

September 8th, 9th Introduction to Developmental Therapy – Teaching by National Trainers from University of Georgia. 14 Hours.

Sept. 23rd – 30th Two **DTORF-R Assessment** meetings with treatment team, caregivers, and other providers co-led by Trainer.
Follow-up session to plan activities and methods to teach identified social-emotional and behavioral goals identified in DTORF sessions.
Instruction in creating a **Group DTORF-R** will be included in this session.

Oct. 1st – 18th 90 minute **Observation** by Trainer using the DT/RITS
Same day **Consultation** session with treatment team regarding observations.

October ___ 3 hour Training Seminar: **Administration and Scoring of the DTORF-R**
Discussion of September DTORF-R Sessions.
Prerequisite Reading, User Manual DTORF-R

November ___ 3 hour Training Seminar: **Stages and Anxieties**
Trainees will review the 5 developmental stages and compare program needs for children in each stage.
Prerequisite Reading: pp. 177 – 311 in Developmental Therapy – Developmental Teaching text by Mary Wood, Karen Davis, Faye Swindle, and Connie Quirk.

Nov. 18th – Dec.13th
60 minute **Observation** and follow-up **Consultation** by Trainer

January ____ 3 hour Training Seminar: **The Learning Process,**
How the Emotional Memory Bank Works, Steps in Program Planning, Schedules, Steps in the Activity Planning Process, General Program Guidelines
Prerequisite Reading: Chapter 4 in DT-T text. pp. 81 - 105

Jan. 10th – 31st Two **DTORF-R assessment** meetings, led by Treatment Team leaders with assistance from trainer. Follow-up planning session with trainer.

February ____ 3 hour Training Seminar: **Keys to Decoding Behavior**
Session will review developmental anxieties, defense mechanisms, the process of adjustment and other psycho-social issues that influence children's behavior.
Prerequisite Reading: Chapter Two, pp 29 – 51 in DT-T text, And assigned reprints.

Feb. 3rd – 27th 60 minute **Observation** and follow-up **Consultation** session with Trainer

March ____ 3 hour Training Seminar: **Positive Behavior Management**
Steps in designing a Positive Behavior management Plan, adult roles and behaviors needed to assist children in increasing personal responsibility.
Prerequisite Reading: Chapters 5 and 5 in DT-T text, pp. 107 – 149

BEST COPY AVAILABLE

April/May ___ Two **DTORF-R assessment** meetings, led by Treatment Team leaders with assistance from trainer. Follow-up planning session with trainer.

May 6th – 31st 90 minute **Observation** by Trainer using the DT/RITS with follow-up team
Consultation session.

June ___ Two Hour **Wrap-up Training** session. Reviewing Progress and Discussion of future training needs. Competency test to evaluate knowledge of DT-T model. (*Life Space Crisis Intervention Training recommended for School Age Treatment Teams during Summer 03)*

Group Training: 31 Hours
DTORF-R Assessment training: 9 hours
DTORF treatment planning: 6 hours
Observation and Consultation: 9 hours

Total Training : 55 hours

A TRAINING/COACHING MODEL FOR IMPROVING ADULT/CHILD INTERACTIONS IN CHILD CARE SETTINGS

This proposal for use of Mental Health Division 2001 Supplemental Federal Block Grant Funds focuses on improving the skills of child care providers as they work with children who have challenging behaviors because of social, emotional, and/or mental health concerns. The project will provide training on Developmental Therapy-Developmental Teaching for child care providers who work with children who have challenging behaviors.

This model for working with children was developed by Dr. Mary Wood at the University of Georgia and is used extensively in Georgia as well as other states and countries (England and Germany.) Developmental Therapy-Developmental Teaching (DT-T) is a psycho-educational curriculum for social and emotional growth organized around the sequences of normal developmental milestones that all children experience. It is a 'growth' model rather than a 'deficit' model which focuses on assisting children to cope effectively with the stresses of their lives. Positive effects adults can have on children when they adjust strategies to the social-emotional needs of children are emphasized in the curriculum and management practices. Priority is placed on assisting children to acquire the specific skills for effective interpersonal behavior, social knowledge, social problem solving, managing feelings, and behaving responsibly.

In the past four years the Mental Health Division has invested both time and funding to train trainer/coaches (Developmental Therapy Regional Associates [RAs]) in the model with the intent of using them to continue to provide training to teachers, mental health workers, social workers, and child care providers. This proposal would use these consultants as trainers and coaches in child care settings. In addition, the funding would allow for travel so that staff from the Georgia project could be involved in the actual training of child care staff.

TARGET POPULATION

This proposal targets child care providers in Thurston, Mason, and Lewis Counties. The emphasis will be on training available to all providers and long-term, specialized coaching sessions to a maximum of eight providers on request.

Eligibility will include both center based and in-home licensed providers. Requests for training and coaching must come through center or in-home directors, as participating staff will require administrative support to fully participate in the project.

VISION, GOALS, OBJECTIVES

An ongoing issue among child care providers is difficult and challenging behaviors of children who are in the foster care system, who are in need of therapeutic assistance, whose behaviors stem from lack of appropriate nurturing in their family setting, and children who are being raised in stereotypical generational poverty settings. These are the children who,

without intervention, have a high likelihood of school failure and later entrance into the mental health and/or criminal systems.

Many children who most need a nurturing approach to care are the very children who are removed (or 'kicked out') of child care because their inappropriate behaviors do not allow them to participate in the expected ways. They may be disruptive to activities and aggressive toward other children and adults. They do not always respond to the behavioral techniques that are typically taught in classes and workshops on dealing with difficult behaviors and, often, unskilled providers do not have the skills or understanding of development to create the environment that will help these children learn more appropriate behaviors.

Using the Developmental Therapy-Developmental Teaching model, it is the vision of this project to assist providers to create emotionally safe and nurturing places for children who have social/emotional concerns while parents work.

Project goals, objectives, and activities are:

- Providers will increase knowledge and skills in working with children who have challenging behaviors.
  - Provide information and on-going training for child care providers on understanding developmental needs and adult responses which may create challenging behaviors including:
    - Series of four three evening trainings on Developmental Therapy-Teaching focused on child care providers;
    - Classroom/program observation and coaching to selected providers;
    - Ongoing training and support for childcare administrators.

- Providers will develop skills in reflecting and problem solving to deal with ongoing behavior challenges
  - Provide ongoing on-site skill building for child care providers through use of coaches;
  - Support administrators in use of coaching and problem-solving techniques.

This project will use Washington Regional Associates (RAs) from the Developmental Therapy-Teaching Project and DT-T staff from the Georgia Project to provide four three evening training sessions covering the components and skills needed to implement DT-T. Up to fifty child care staff will be able to participate in the evening training sessions.

Four Washington Regional Associates will provide four follow up observation and coaching sessions for two programs each. In this way, eight programs will be served by coaching during the year. Each program will receive four coaching visits to be timed between training sessions.

INTERAGENCY/CROSS SYSTEM WORK

Multiple agencies and providers have committed to support and collaboration in this project including:

- Olympia School District Early Childhood Programs
- Olympia Child Care Center
- Child Care Action Council of Thurston, Mason, and Lewis Counties
- Thurston County Health District (Building Child Care Capacity for Children with Special Needs Through Public Health Partnerships)
- ESD 113
- Thurston, Mason, and Lewis County Infant Toddler Early Intervention Programs
- Thurston County Parent to Parent
- Family Support Center
- Behavioral Health Resources

These agencies will work collaboratively with the project to provide:

- Access to the child care community;
- Access to training and coaching staff;
- Ongoing support for coaches;
- Assistance with training space and miscellaneous training needs;
- Assistance with using child care scholarship funding to offset training costs (e.g., Washington STARS Scholarships, etc.);
- Fiscal, space, coordination, and clerical support;
- Information for families;
- Purchase of DT-T books for participating providers.

TIMELINES

ACTIVITY	PROJECTED START	PROJECTED COMPLETION
CONTRACT WITH TRAINERS/RAS	OCTOBER 1, 2001	OCTOBER 31, 2001
PROVIDE 4 TRAININGS OF THREE EVENINGS EACH	OCTOBER, DECEMBER, FEBRUARY, APRIL	AUGUST 31, 2002
PROVIDE ON SITE COACHING FOR UP TO EIGHT CENTERS	NOVEMBER, JANUARY, MARCH, MAY	AUGUST 31, 2002
EVALUATE PROGRESS	MONTHLY/END OF YEAR	AUGUST 31, 2002

EVALUATION PLAN

This project will be evaluated using a variety of both qualitative and quantitative methodologies

QUANTITATIVE METHODOLOGIES	QUALITATIVE METHODOLOGIES
♦ Number of providers training ♦ Number of programs involved in follow-up coaching ♦ Number administrators involved in training and support ♦ Likert scale ratings of training sessions	♦ Staff progress on the Developmental Teaching Teacher Rating Inventory of Therapeutic Skills (DTTRITS.) ♦ Participant Perception of change interviews ♦ Continuous Improvement (CI) and written reports from training and coaching sessions

CONSUMER AND FAMILY INVOLVEMENT IN PROPOSAL

This proposal and project was developed by the Child Care Committee of the Thurston County Infant Toddler Early Intervention Program (ITEIP.) This committee comprises child care providers, public health staff, Child Care Action Staff, ITEIP staff, ESD 113 staff and the Thurston County Parent to Parent Program. This committee met two times to discuss and develop this proposal.

BUDGET

♦ Developmental Therapy trainers @ 2000 per trip x 4 RAs time for training and coaching	$8000
♦ 3 RAs x 4 visits x 2 programs at $150 per day	$3600
♦ Coordination/clerical staff (ESD)	$5000
♦ Staff and RA travel	$1300
♦ Materials, Supplies/contracts	$300
♦ Indirect	$1800
TOTAL Grant Costs	**$20000**

Other costs/fees (to be covered by fees and partnerships with community collaborators):

♦ Rental space for workshops	$800
♦ Copying for workshops	$1000
♦ Food for workshops	$1000
♦ Books for participants	$5600

◆ Additional fees for RA coaches	$3200
TOTAL other costs	**$11600**

FEES

To offset other costs, nominal fees will be charged to child care providers for the training sessions. Coaching sessions will be at no cost. Fees will be approximately $50 per workshop per person. This would make a total cost for four workshops for one staff member $150. This cost will be offset through scholarships available through the Child Care Resource and Referral programs (CCR&R), and the State Training Registry System (STARS.)

College credit, clock hours, and STARS credit would be available for participants.

Children who have challenging behaviors have difficulty in child care settings. Often these are the children who are asked to leave their child care and, eventually, run out of options in the community. Too often they are the children whose mothers are in job training working hard to escape from welfare. Losing child care can mean losing the hope of ever having a life out of poverty.

Olympia, Washington's "Training/Coaching Model for Improving Adult/Child interactions in Child Care Settings" was designed to alleviate this problem by training child care providers to use Developmental Therapy-Developmental Teaching strategies to understand children's behavior from a developmental perspective; use stage appropriate adult behaviors to respond to children's needs; and create activities that respond therapeutically to children's needs.

Funded through the Department of Social and Health Services Division of Mental Health, the project is operated through Educational Service District # 113 and serves child care programs in Thurston and Mason Counties. Thirty child care providers from ten programs are involved in attending four Saturday workshops between January and September, 2002. In between sessions participants have homework relevant to their session content such as readings, observation, practice DTORFs, and trying new techniques.

A unique feature of the project is that seven of the participating programs have learning coaches or mentors who visit them at least one time between the workshops. Agendas for coaching may include observation of children and adults; assistance in transferring training to staff members who are not involved in the workshops; assistance in planning program changes to better meet the needs of the children and families; and a variety of other things designed to meet each program's specific needs.

The workshop curriculum is a version of the two and one half day DT-T training tweaked for the special needs of programs and staff who are with children twelve hours a day. Dr. Faye Swindle and Washington Regional Associates work on the curriculum, lead the workshops, and provide the coaching. RAs involved are Kelley Simmons Jones, Scotty Jones, Suzan Wambold, and Mary Perkins who also coordinates the project. Mary Sarno is the project officer for the Division of Mental Health.

Training Impact Report
June 2001-August 2002
RA: Kim Henderson
Site: Presbyterian Children's Services, Lexington Kentucky

Date	Title	Content	Length of training	No of Participants	Type of Program	No of children impacted	Age ranges of children impacted	Evaluation
August 17-20 2001	Buckhorn Training institute Pre employment Orientation	Basic Overview	I session 2.5 hours	6	Agency wide See gray notebook	48	8-18	Available in agency files
September 2001	Buckhorn Training institute Pre employment Orientation	Basic Overives	1 session 2.5 hours	18	Agency wide See gray notebook	144	3-18	Available in agency files
September 21-22 2001	See connie's stuff							
Ongoing weekly treatment team meeting	Team meeting	Developmental Anxieties; defense mechanisms; treatment planning; decoding	2 hours week	2	Supervised apartment living for students with mental retardation	4	17-19	Monthly individual meetings with staff
Ongoing biweekly	Team meeting	Developmental Anxieties; defense	2 hours week	8	Community based	7	15-18	Monthly individual

treatment team meeting		mechanisms; treatment planning; decoding			residential 24 hour staffed			meetings with staff
November 2001	New employee orientation	Basic Overview	1 session 2.5 hours	14	Agency wide	112	3-18	
December 2001								
January 10 2002	New employee Orientation	Basic Overview	1 session 2.5 hours	10	Agency wide	80	3-18	
monthly meeting ongoing	Agency Risk Management Committee	Recommendations on interventions for students having behavioral incidents	3-4 hours each specific strategies sent to front line	5 directors providing feedback with recommendations to 350 staff	Agency wide	Greater than 200	3-18	
March 21, 2002	Lexington Team Training	Deescalation, developmental anxieties and assessing clients	1 session 1 hour	10	Lexington transitional living program and community based residential	16		Birth to 20
March 27, 2002	Introduction to Developmental Therapy	Basic Overview	1 session, 2 hours	3	Psychiatric residential treatment	10	10-16	
March 28	Ovewrview	Overview	1 sessiom, 1 hour	6	Richmond community based residential	7	15-19	

April 29, 2002	New Employee Orientation	Overview	1 session, 2.5 hours	10	Agency wide	80	3-18	
May 16, 2002	Crisis Intervention	Decoding	1 session, 1 hour	9	Lexington community based and transitional living	16	Birth-20	
June 27th, 2002	Crisis Intervention	Decoding Establishing healthy culture	1 session, 1 hour	9	Lexington community based and transitional living	16	Birth-20	
July 1-3	Records review	Consultation on developmental appropriateness of goals and objectives Written reports were provided outlining training needs		4 on committee and 14 other staff directly impacted	Jumpstart Montessori Foster care Buckhorn children's home Psychiatric residential treatment Supervised apartment living Wilderness Program	100	18 months to 19 years	
July 19, 2002	Records review	Consultation on developmental appropriateness of goals and		4 on committee and 4 other staff directly impacted	Family preservation; family reunification	7	6-17 years	

		objectives Written reports were provided outlining training needs						
August 5-6, 2002	Case record review	Consultation on developmental appropriatemess of goals and objectives Written reports were provided	Ongoing monthly consultation at least one hour per month	4on committee 4 staff directly impacted	Foster Care Residential	14	7-16 years	
August 8, 2002	Clinical meeting with directors	One hour session Overview on Developmental Therapy		10 directors and clinical directors	Community ased and residential programs	125	12-19	
August 15th	DT Overview	Introductory concepts	2 hours one session	11 Direct care/line staff	Buckhorn residential and psychiatric residential treatment	36	12-18	Have evaluations
August 15	DT Overview	Introductory concepts and deeper understanding of content	3 hours one session	7 therapists, case managers, directors, clinical directors	Buckhorn residential and psychiatric residential treatment Wilderness program	36	12-18	Have evaluations

August 22	Crisis Prevention	Decoding, anxieties, adult roles	1 hour one session	4	Community based and transitional living	16	Birth-18	Will get evaluations

To: Dr. Constance Quirk, Developmental Therapy-Teaching Programs

From: Suzan Wambold, School Counselor, MA, LMHC, NCC, Federal Way School District

Date: March 17, 2003

RE: Training Impact Report

1. 1999- Trained district school counselors and psychologists in an "Overview of the Developmental Therapy-Teaching" model. There were 8-10 participants and the training ran for 4 sessions of 2.5 hours each.
2. 2000- Trained district counselors and physical therapists in "Using the DTORF-R." There were 8-10 participants and the training ran 4 sessions of 2.5 hours each.

There are 400-600 children at each school and one counselor per school. (Some participants were not able to attend all sessions) Students' age ranged between 5-12 years old.
Feedback was good on the trainings. Counselors began using the DTORF-R and called periodically to consult on students that they had completed the DTORF-R.

3. Since 1998, I have used Developmental Therapy-Teaching in my work as a school counselor. Our building holds 670-575 students each year. I have completed approximately 2-5 DTORF-R's on students as a way to "teach" teachers and parents about appropriate expectations of these children.

4. In 2000, I was asked to conduct a training of my staff on the Developmental Therapy-Teaching model. I gave a brief overview and continued training with individual teachers as they requested more information. We have approximately 26 teachers and several teacher assistants.

5. From 1998-2001 our building had a SBD program. I worked with the teacher and the teacher's assistant, sharing Developmental Therapy-Teaching and completing DTORF-R's on each child. There were 24 students in this program over the three years. There was also a new teacher each year. The classroom was consisted of intermediate students between 9-12 years old.

6. I participated in a training of pre-school staff in Vancouver, WA on March 3rd & 4th 1999. I don't remember how many people participated in this training.

7. I worked with Faye and Sarah on the summer institute in June 2000 (I believe). I couldn't find the registration form for the exact year. This was a training institute for teachers, counselors and other school staff for school age kids. I did a breakout session on "How to use the DTORF-R in a school setting." There were approximately 15-20 people attending that session. I had two individuals from that session who used the DTORF-R on children in their buildings and wanted to consult with me re: their use of the DTORF-R and then on how to discuss with teachers and parents when they completed the process. I can't find where I put my notes on these conversations. The feedback they gave was that this process assisted them in setting realistic expectations for their students and helping the parents to understand their children's developmental level of functioning.

8. In 2001-2002, I participated in training in Olympia, WA with preschool and day care programs. The training ran a course of 6 months 4 daylong training sessions and I was available for consultations with staff in-between. I received calls from some of the staff from the YMCA programs where I supported their implementation of some of the model in 3 different centers. I also conducted site visits between training dates.

My experience with the YMCA programs was positive. I would say that there were 20+ children at each site I worked with and 2-3 other staff persons. This training and consultation continued through the summer and I did one consultation at the summer camp site.

My experiences with the regional associate process and these trainings have been a tremendous addition to my practice as a school counselor and consultant. I have a framework that allows me to be specific in discussing the needs and abilities of the students with teachers and parents. Last year I was asked by a principal in another building to provide individual Developmental Therapy-Teaching training on the DTORF-R for her counselor. The counselor was excited and apprehensive in attempting the process and called several times to consult on her work with a student. This type of consultation also occurred with counselors and an OT/PT who took the DTORF-R class.

03/17/03 MON 12:06 FAX 812 427 9164 CEDARWOOD 002

Training Impact Report
June 2002 – September 2003
RA: Jeannie Morris and Whitney Braddock
Site: CPP Baxley and CPP Jesup

Date	Title	Content	Length of Training	Number of Participants	Type of Program	Number of Children Impacted	Age Range of Children Impacted	Evaluation
July 23, 2002	In Search of the Jewels of Normal Development	• Stage Milestones • Stage Characteristics • Stage Goals • Adult Roles • Strategies • Interventions • Environment and Strategies	3.5 hours	15	Power Point and Participation	50	5 to 19	Yes - Sent
August 7, 2002			3.5 hours	24	Power Point and Participation	100	5 to 19	Yes - Sent
August 27, 2002			3.5 hours	12	Power Point and Participation	50	5 to 19	Yes – Sent
September 23, 2002	Calming the Stormy Seas: Developmental Therapy Behavior Management Techniques	• Developmental Therapy Behavior Management Strategies	2.5 hours	15	Power Point and Participation	50	5 to 19	Yes – Sent
October 4, 2002			2.5 hours	20	Power Point and Participation	75	5 to 19	Yes –Sent
October 16, 2002			2.5 hours	15	Power Point and Participation	75	5 to 19	Yes - Sent

BEST COPY AVAILABLE

May 10 - 11, 2001
Millinocket, Maine

The Goal is Social-Emotional Development:

Set the Stage for Success

- ✔ **Strategies**
- ✔ **Skills**
- ✔ **Stages**

Help for troubled or troubling children

Developmental Therapy - Teaching Programs

IDEAs that Work
U.S. Office of Special Education Programs

For more information, please visit our website: www.uga.edu/dttp

THE WORKSHOP WILL INCLUDE:

Introduction to the Developmental Therapy-Developmental Teaching Approach

- How does your classroom program reflect what you believe about troubled children and youth?
- How can Development Therapy - Developmental Teaching help you rate and guide your students' progress?
- How do you change your teaching strategies to meet individual needs?

Put the Curriculum into Practice: Looking ahead!

- How can you apply the Development Therapy - Developmental Teaching model in your own program?
- Are you ready to use what you know as ingredients to implement a successful program?
- How can adult teamwork help troubled children resolve problems they have with adult authority?

Creating Learning Environments: There's more than meets the eye!

- How well do you read the messages embedded in students' behavior?
- How do you determine what makes materials and activities motivating?
- What guidelines do you use to select meaningful, successful management strategies?

Constance Quirk is Director of the Developmental Therapy - Teaching Programs. She has extensive experience using Developmental Therapy - Teaching in the classroom as well as supervising and training adults in the Developmental Therapy - Teaching approach as a National Instructor.

Charleen Cain, a Music Therapist and Special Educator, has over twenty years of teaching experience. She is a certified Developmental Therapy - Teaching Regional Associate Instructor and currently serves as the Developmental Therapy - Teaching Consultant for MSAD #40 in Waldoboro, Maine.

BEST COPY AVAILABLE

Art, Music and Storytelling: Tools for Guidance of Young Children

A Developmental Therapy- Teaching Perspective

Course Developers: K. J. S. and S. J./Regional Associates
Class dates: TBA; June – August, 2003
Course Prerequisites: None

Welcome to Art, Music & Storytelling: Tools for Guidance of Young Children. These pages will give you some information about what to expect from this course. Please feel free to ask questions or schedule conference time with me. You can reach me outside of class by calling (706) 369 – 5689.

This class will include lecture and discussion time and opportunities to try out a number of creative activities. Skill/talent is not a pre-requisite and you will not be graded on your artistic prowess. The activities we will do are designed for creativity and success. Please let me know if you need any accommodations in order to be successful; if so we'll make a plan together to meet the need.

Course Description:

The intent of this course is to sensitize and help child care professionals to acquire the knowledge and skills to teach children utilizing the mediums of art, music and storytelling with young children. The course is intended to train the participant to observe and engage children from a developmental frame of reference, to understand the messages in a child's behavior, and to become acquainted with specific teaching techniques which respond to children's needs and stages of development. The use of creative methods such as art, music and storytelling will be emphasized. This course, using the foundations of a Developmental Therapy-Teaching perspective, will instruct the child care professional by providing translations of theoretical constructs into educational and practical application. This model emphasizes the normal processes in every child and works systematically to strengthen these aspects as a means to enhance social and emotional growth and development.

Instructional Methods:

This course will include lecture/presentation, discussions, small and large group work, cooperative-problem solving activities, video discussion, reading and reflective writing exercises. Participants will be expected to attend and contribute to the learning community by full and active participation. Reading assignments are considered important in providing background, introductory and supplemental information and resources. Students are expected to read assignments to provide them with a foundation for class activities and discussions. A variety of child guidance and educational materials, including videos, will be utilized to augment class content.

Course Objectives:

- Participants will gain an understanding of the theoretical foundations of Developmental Therapy – Teaching: social-emotional behavioral development as a strength based approach to teaching children;
- Participants will become familiar with the normal, sequential development of children, socially and emotionally, and gain an understanding of how to positively impact children's healthy growth and development through various methods and thematic, creative activities (lesson plans);

- Participants will practice applying knowledge of developmental stage characteristics to the elements of learning environments such as materials, activities, adult roles and positive management strategies.
- Participants will produce developmentally appropriate activities (lesson plans/curriculum) for creative art, music and literary experiences;
- Participants will demonstrate the use of a variety of curriculum materials for creative art, music and literary activities;
- Participants will develop and compile a resource book demonstrating the ability to implement developmentally appropriate creative experiences with young children.

Course Requirements:

- Participate in all hours of class time.
- Be punctual and prepared for class.
- Read all assigned readings according to schedule.
- Bring assigned readings to class and discussion question and/or materials to class.
- Complete and submit assignments on or before the due date.
- Communicate immediately with the instructor if you require any accommodations.

Homework and Grading:

(A rough outline of the homework is listed here. Additional details will be given in class)

Due Class 2:

Complete weekly assigned reading and develop one question for the class. Come prepared to class with this question written out on a 3 x 5 index card. **This question is your ticket into class!**

Complete the Praise & Reflection Assignment documenting observations.

Complete journal entry with reflections and questions and finalize your Mission Statement and record in journal; bring journal to class.

Due Class 3:

Complete weekly assigned reading and develop one question for the class. Come prepared to class with this question written out on a 3 x 5 index card. This question is your ticket into class!

Complete a *draft form* of a literary review and analysis of four (4) children's' books, select from the list provided, complete *draft forms* provided and bring to class.

Complete written reflections in journal related to the reading, class discussion or questions related to what you have learned so far.

(Extra credit or assigned?)

Create one teacher-made storybook for the age/stage children you currently work with or may work with in the future. Bring to class prepared to share with the group and turn in to instructor.

Due Class 4:

Complete weekly assigned reading and develop one question for the class. Come prepared to class with this question written out on a 3 x 5 index card. This question is your ticket into class!

Complete the final literary review and analysis of four (4) children's' books; bring final copies on three-hole punched paper, complete one form per book and provide copies for each member of the class. Begin selection of book/theme for activity project.

Complete the Positive Behavior Management Assignment documenting observations and questions and turn in assignment.

Complete written reflections in journal related to the reading, class discussion or questions related to what you have learned so far; bring journal to class.

Due Class 5: **There is no assigned reading this week –** Bring any question you like on 3 x 5 card related to course.

Using the previously selected and reviewed children's books begin developing (3) complete activity/lesson plans and show all work; include theme, objectives, activity steps, draft lesson plan and draft prototype. Bring to class for small group work and feedback. Bring draft copies for partner(s).

Complete written reflections in journal related to the reading, class discussion or questions related to what you have learned so far.

Due Class 6: Visit the Website for DTT: www.uga.edu/dttp
Complete 1 page Reflection paper & your revised final mission statement as your ticket into class. The Reflection paper should include how this course impacted you and the work you do with children. Indicate your expected grade for the class with reasoning.

Bring complete Lesson plan activities for final review and begin presentations. Bring copies on three-hole punched paper of your (3) lesson/activity plans, one (1) for each classmate

Presentations: 10 – 15 minutes to present one (1) lesson plan to the class with prototypes and provide lesson plan samples for classmates. Be prepared to answer questions about the developmental focus and objectives of the activity. The sample plans are compiled into each students Resource Book.

Participation points are based on: being present for the entire class session, getting to class on time and returning promptly from breaks, taking part in class discussions, respecting the ground rules of the class, having reading assignments finished.

Course requirements must be completed. There will be no partial CEU credits issued without a written medical reason or other serious family emergency. Missing assignments will be deducted from total points. Late assignments will NOT be accepted. Assignments must be prepared using a word processor or typed with the exception of journal entries which may be legibly hand written.

Instructor reserves the right to modify the course schedule or homework based upon the instructional needs of the group.

Point Distribution:	
Participation/Class Discussion/ Attendance	- 100
Journal/Reflections	- 50
Observation Assignments	-100
Literary Review	- 50
Activity/Lesson Plans	-150
Presentation	- 50
Total Possible Points	**- 500**

Grading Scale:

Pass/Fail
Pass = >349 points

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

NOTICE

Reproduction Basis

	This document is covered by a signed "Reproduction Release (Blanket)" form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.
X	This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").